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City of Southampton

# Annual Report on the Community Health Services of Southampton in 1971

**ANGUS MCGREGOR**  
M.A., M.D., D.P.H., F.F.C.M.  
Medical Officer of Health



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City of Southampton

# ANNUAL REPORT

on the

COMMUNITY HEALTH SERVICES

For the Year 1971

by

ANGUS MCGREGOR,

M.A., M.D., D.P.H., F.F.C.M.

Medical Officer of Health to the City of Southampton

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(The School Health Service report is indexed separately)

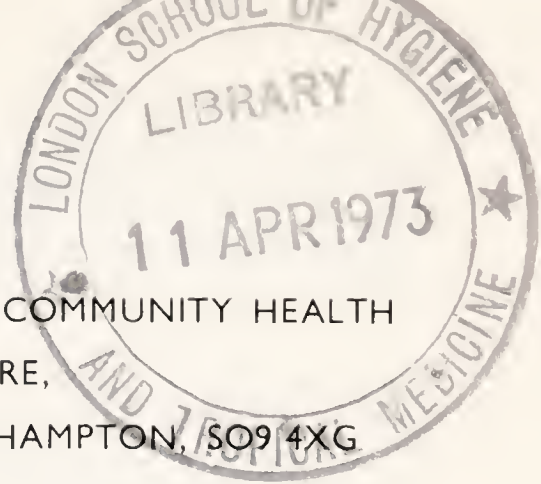
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DEPARTMENT OF COMMUNITY HEALTH  
CIVIC CENTRE,  
SOUTHAMPTON, SO9 4XG



TO THE RIGHT WORSHIPFUL THE MAYOR, ALDERMEN AND  
COUNCILLORS OF THE CITY OF SOUTHAMPTON

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health of Southampton in 1971.

The population of the City rose slightly, although the birth rate fell. The illegitimacy rate remained steady at 10 per cent.

There was a noticeable increase in the amount of infective jaundice in the City, and two single cases of uncommon diseases—one of typhoid, acquired while on holiday in India, and the other of diphtheria, the first in the City for 19 years, and also acquired in India. Regrettably both tuberculosis and venereal diseases became still more common.

### **Re-organisation**

On the first April, 1971, the Department of Social Services came formally into existence under its Director, Mr. Arthur Hunt, and brought together services previously organised by the Children's Officer—the Children's Department—and by myself—the Welfare Services and certain health services (notably Home Help, Mental Welfare, and Family Casework Services). There is now a complete split between the management of health services on the one hand and the social services on the other, though of course, co-operation continues at all levels between the two departments of Community Health and Social Services.

Further information now available has confirmed that both Local Government as a whole and the National Health Service will be re-organised on 1st April, 1974. This will take all the health services currently provided by my department out of Local Government into the control of new Health Authorities, leaving only the environmental work undertaken by the Public Health Inspectors and Port Health Inspectors within Local Government. Preliminary work and training has already begun to facilitate this massive change which will inevitably, as it gains momentum, cause increasing demands on senior staff time whilst services must simultaneously be continuously developed to meet rapidly changing social and technological circumstances. The next few years will offer unique opportunities to create new patterns of service to match the changed realities within which health services are provided, and it will be essential to avoid losing these opportunities through over-attention to the mechanism and effects of administrative re-organisation.

### **Personal health services**

There was a steady development and expansion of these services during the year, particularly with regard to integration of the services with the hospital and general practitioner services and with regard to health education. The continuing absence of a satisfactory level of fluoride in the water supply again permitted substantial amounts of dental decay which fluoride would have prevented.

**School health service**

Good progress was made with the key work of early identification of handicapped children and their follow-up to ensure both effective treatment and correct educational placement. Some family doctors now undertake the work directly in conjunction with the department.

**Environmental health services**

The emphasis during the year on food hygiene, noise nuisances, and housing improvement is discussed in detail in the body of the report. The public rightly demands a higher standard all the time and this inevitably causes heavy pressure on the staff, particularly where annoyance, but not necessarily legal "nuisance" is virtually unavoidable.

**Acknowledgements**

I have pleasure in taking this opportunity to thank all who worked for the better health of Southampton in 1971, and in conclusion thank you, Mr. Mayor, and the Aldermen and Councillors for your help.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,  
*Medical Officer of Health.*



## HEALTH COMMITTEE

The Right Worshipful The Mayor (Alderman John Barr)

Alderman Mrs. E. I. Pugh (Chairman)

Alderman F. A. Childs (Vice-Chairman)

Councillors E. Brown, W. J. W. Burne, F. I. Foot, G. N. Freemantle, E. J. Mintram,  
R. N. Rickman, W. A. Sanders.

### **Co-opted Members**

Mrs. P. S. Small, Jason G. Brice, Esq., M.B., B.S., F.R.C.S., Dr. A. Laxton.

# CHIEF AND SENIOR OFFICERS OF THE DEPARTMENT OF COMMUNITY HEALTH AS AT 31.12.71

Medical Officer of Health	...	...	Angus McGregor, M.A., M.D., D.P.H., F.F.C.M.
Deputy Medical Officer of Health	...	...	W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Principal Medical Officers	...	...	Catherine M. Atkins, M.B., Ch.B., M.F.C.M. Jeanette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.
Senior Medical Officers	...	...	Bethan Davies, M.R.C.S., L.R.C.P. H. D. Rossiter, M.B., B.Ch., D.P.H.
Medical Officers	...	...	Angela M. Evans, B.Sc., M.B., Ch.B. *(p.t.) Barbara V. Faulk, M.B., B.S. (p.t.) A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. and H. E. Greta Humble, M.B., Ch.B. (p.t.) R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S. Marthe Lebermann, M.D. Jane MacLean, M.B., Ch.B. (p.t.) Dorothy A. Morgan, M.R.C.S., L.R.C.P., (p.t.) J. E. Russell, M.R.C.S., L.R.C.P. W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.S. Sarah J. Weiser, M.B., B.Ch. (p.t.) Sarah Yates, M.B., B.S., L.R.C.P., M.R.C.S. (p.t.)
Director of Family and Child Guidance			L. B. Bartlet, M.B., Ch.B., D.P.M. D.C.H.
Chief Dental Officer	...	...	Ian H. Maddick, M.A., B.D.S., L.D.S., R.C.S.
Chief Public Health Inspector	...	...	F. Saunders, F.R.S.H., Meat and Foods and Sanitary Science Certs.
Chief Port Health Inspector	...	...	T. Borrows, Cert. R.S.H., Cert. R.S.I. Meat and Foods
Chief Nursing Officer	...	...	Miss J. Foulds, S.R.N., O.N.D., H.V. Cert., H.V. Tutors Cert.
Superintendent Health Visitor	...	...	Miss E. Clarke, S.R.N., S.C.M., H.V. Cert.
Superintendent Home Nursing	...	...	Miss H. I. Ames, S.R.N., R.F.N., Q.N.
Supervisor of Midwives	...	...	Miss T. Martin, S.R.N., S.C.M., R.S.C.N.
Ambulance Officer	...	...	G. F. Houldsworth, F.I.C.A.P.
Principal Administrative Assistant	...	...	W. M. Watts
Senior Administrative Assistants	...	...	D. A. Quinn, A.C.I.S. R. Johnson

\*(p.t.)—part time

STAFF SUMMARY AS AT 31ST DECEMBER, 1971

					Establishment	Actual
Administrative and Clerical Staff	...	...	...	...	49 full time 3 part „	46 full time 2 part „
Ambulance Transport Staff	...	...	...	...	61 full „	58 full „
Audiometrician	...	...	...	...	1 full „	1 full „
Child Guidance (Psychologists and Psychiatric Social Workers)	...	...	...	...	7 full „	5 full „ 1 part „
Chiropodists	...	...	...	...	4 full „ 3 part „	3 full „ 2 part „
Dental Officers	...	...	...	...	8 full „	7 full „ 2 part „
Dental Auxiliaries	...	...	...	...	3 full „	2 part „
Dental Surgery Assistants	...	...	...	...	10 full „	10 full „
Consultant Specialist Orthodontist	...	...	...	...	1 part „	1 part „
Dispenser	...	...	...	...	1 full „	1 part „
Manual and Domestic Staff	...	...	...	...	6 full „ 24 part „	6 full „ 24 part „
Medical Officers	...	...	...	...	15 full „	13 full „ 7 part „
Nursing Services:						
Director	...	...	...	...	1 full „	1 full „
Area Nursing Officers	...	...	...	...	13 full „	11 full „
Clinic Assistants	...	...	...	...	14 full „	13 full „ 2 part „
Health Visitors	...	...	...	...	44 full „	33 full „ 8 part „
Health Assistants	...	...	...	...	6 full „	10 part „
Home Nurses	...	...	...	...	34 full „	31 full „ 4 part „
Midwives	...	...	...	...	28 full „	24 full „ 2 part „
Nursing Auxiliaries	...	...	...	...	6 full „ 3 part „	8 part „
School Nurses	...	...	...	...	13 full „	12 full „
State Enrolled Nurses	...	...	...	...	7 full „	6 full „
Physiotherapists	...	...	...	...	1 full „	1 part „
Port Health Inspectors	...	...	...	...	8 full „	8 full „
Public Health Inspectors	...	...	...	...	27 full „	27 full „
Rodent Operators	...	...	...	...	8 full „	8 full „
Speech Therapists	...	...	...	...	3 full „	2 full „ 3 part „
Technical Assistants	...	...	...	...	3 full „	3 full „
V.D. Prevention and After-Care (Contact Tracers)	...	...	...	...	1 full „ 1 part „	1 full „
					Full time 382	Full time 329
					Part time 35	Part time 80
TOTAL					417	409



# VITAL STATISTICS

POPULATION

BIRTHS AND DEATHS

CAUSES OF DEATH





VITAL STATISTICS

The following are extracts from vital statistics published for 1971:

Registrar General's Estimated mid-year population	...	213,550	
Area (above high water mark)	... ..	12,058.7 acres	
Area (foreshore and tidal water)	... ..	1,851.3 acres	
		So'ton	England and Wales (Provisional)
Live Births			
Number	... ..	3,379	783,165
Rate per 1,000 population	... ..	15.8	16.0
Illegitimate Live Births (% of total live births)	...	10%	8%
Still Births			
Number	... ..	43	9,898
Rate per 1,000 total live and still births	... ..	13	12
Total live and still births	... ..	3,422	793,063
Infant deaths (under 1 year)	... ..	52	13,726
Infant Mortality Rates			
Total infant deaths per 1,000 total live births	...	15	18
Legitimate infant deaths per 1,000 legitimate live births	... ..	16	17
Illegitimate infant deaths per 1,000 illegitimate live births	... ..	8	24
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	... ..	12	12
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	... ..	11	10
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)		23	22
Maternal mortality (including abortion)			
Number of deaths	... ..	1	—
Rate per 1,000 total live and stillbirths	... ..	2	
Total number of deaths	... ..	2,173	567,345
Rate per 1,000 population	... ..	10.2	11.6

# CLASSIFICATION OF CAUSES OF DEATH

Cause of death	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	Age in years							65-74	75 and over
					1-4	5-14	15-24	25-34	35-44	45-54	55-64		
B5 Tuberculosis of respiratory system ...	M	7	-	-	-	-	-	1	-	1	1	-	4
B6(1) Late effects of respiratory T.B. ...	F	3	-	-	-	-	-	-	-	-	-	-	2
B6(2) Other tuberculosis ...	M	2	-	-	-	-	-	-	-	-	-	-	-
B6(2) Other tuberculosis ...	F	1	-	-	-	-	-	-	-	-	-	-	-
B18 Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	1
B19(1) Malignant neoplasm, buccal cavity etc.	F	3	1	-	-	-	-	-	-	2	-	4	-
B19(2) Malignant neoplasm, oesophagus ...	M	2	-	-	-	-	-	-	-	-	-	1	2
B19(2) Malignant neoplasm, oesophagus ...	F	9	-	-	-	-	-	-	-	-	-	1	2
B19(3) Malignant neoplasm, stomach ...	M	3	-	-	-	-	-	-	-	-	-	2	3
B19(3) Malignant neoplasm, stomach ...	F	5	-	-	-	-	-	-	-	-	-	2	7
B19(4) Malignant neoplasm, intestine ...	M	25	-	-	-	-	-	-	-	3	7	8	4
B19(4) Malignant neoplasm, intestine ...	F	11	-	-	-	-	-	-	-	2	3	10	12
B19(5) Malignant neoplasm, larynx ...	M	34	-	-	-	-	-	-	-	5	9	10	15
B19(5) Malignant neoplasm, larynx ...	F	36	-	-	-	-	-	-	-	-	5	-	-
B19(6) Malignant neoplasm, lung, bronchus	M	2	-	-	-	-	-	-	-	-	-	1	1
B19(6) Malignant neoplasm, lung, bronchus	F	1	-	-	-	-	-	-	-	-	-	-	-
B19(7) Malignant neoplasm, breast ...	M	109	-	-	-	-	-	-	-	11	30	50	17
B19(7) Malignant neoplasm, breast ...	F	30	-	-	-	-	-	-	-	3	9	13	5
B19(8) Malignant neoplasm, uterus ...	M	2	-	-	-	-	-	-	-	8	10	15	-
B19(8) Malignant neoplasm, uterus ...	F	42	-	-	-	-	-	2	-	5	7	1	8
B19(9) Malignant neoplasm, prostate	M	17	-	-	-	-	-	-	-	-	2	7	1
B19(10) Leukaemia ...	M	4	-	-	-	-	-	-	-	-	1	2	-
B19(11) Other malignant neoplasms	F	-	-	-	-	-	-	-	-	-	-	-	-
B19(11) Other malignant neoplasms	M	82	-	-	-	1	2	1	3	10	21	28	16
B20 Benign and unspecified neoplasms	F	75	-	-	-	-	-	2	2	6	14	21	30
B21 Diabetes mellitus ...	M	5	-	-	-	-	-	-	-	-	-	-	-
B21 Diabetes mellitus ...	F	2	-	-	-	-	-	-	-	-	-	-	-
B22 Avitaminoses, etc.	M	10	-	-	-	-	-	-	-	3	3	4	3
B22 Avitaminoses, etc.	F	11	-	-	-	-	-	-	-	-	-	-	2
B46(1) Other endocrine etc. diseases	M	1	-	-	-	-	-	-	-	-	-	-	-
B46(1) Other endocrine etc. diseases	F	-	-	-	-	-	-	-	-	-	-	-	-
B23 Anaemias ...	M	5	-	-	-	-	-	-	-	-	-	-	3
B23 Anaemias ...	F	-	-	-	-	-	-	-	-	-	-	-	-
B46(2) Other diseases of blood, etc.	M	3	1	-	1	-	-	-	-	-	-	-	3
B46(2) Other diseases of blood, etc.	F	2	-	-	-	-	-	-	-	-	-	-	-
B46(3) Mental disorders ...	M	-	-	-	-	-	-	-	-	-	-	-	-
B46(3) Mental disorders ...	F	2	-	-	-	-	-	-	-	-	-	-	-
B46(4) Multiple sclerosis ...	M	8	-	-	-	-	-	-	-	-	-	3	5
B46(4) Multiple sclerosis ...	F	2	-	-	-	-	-	-	-	-	-	2	-
B46(5) Other diseases of nervous system	M	2	-	-	-	-	-	-	-	-	-	-	-
B46(5) Other diseases of nervous system	F	11	-	-	-	-	-	-	-	-	-	-	-
B26 Chronic rheumatic heart disease	M	5	-	-	-	-	-	-	-	-	-	-	-
B26 Chronic rheumatic heart disease	F	15	-	-	-	-	-	-	-	-	-	-	-
B27 Hypertensive disease ...	M	13	-	-	-	-	-	-	-	2	6	4	3
B27 Hypertensive disease ...	F	25	-	-	-	-	-	-	-	2	1	3	16







# COMMUNICABLE DISEASES

INFECTIOUS DISEASES

TUBERCULOSIS

VD SERVICES



# COMMUNICABLE DISEASES

Table of Cases Notified showing Age Distribution

Disease	Under 1 year	1-5 years	5-15 years	15-25 years	Over 25 years	Age unknown	Total Total
Diphtheria			1				1
Dysentery		5	4	6	11		26
Food poisoning		2	3	1	11		17
Infective jaundice		15	91	20	32	3	161
Malaria				1			1
Measles	30	256	195	6	2	6	495
Meningitis		1		1	1		3
Scarlet fever		8	16		1		25
Tetanus					1		1
Typhoid fever		1					1
Whooping cough	9	29	26		2		66
TOTAL							797

More notifications of cases of whooping cough, scarlet fever and infective jaundice were received than in 1970. The increase in cases of infective jaundice was considerable, and the distribution of cases in the City was uneven. Measles was again prevalent, though less so than in the epidemic years before the introduction of vaccination against measles. No outbreak of food poisoning was notified. Several single unrelated cases were notified, but the diagnoses were not confirmed. 14 cases of Salmonella infection, none proved to be food borne, were found in 4 family outbreaks (8 cases) and 6 sporadic cases. 5 different types of Salmonellae were isolated. Dysentery cases were less numerous than in 1970. One case of typhoid fever, a child 4 years old, was certainly infected while on holiday in India. The infection was with a degraded Vi strain, common on the Indian sub-continent. An older sister, not ill, showed no evidence of typhoid infection, but excreted S.St. Paul for several weeks. The mother worked in a local hospital kitchen, and was excluded from work until several negative laboratory reports were received. A young man who fell ill 2 days after arriving in Southampton proved to have malaria, contracted naturally in Morocco where he had been on holiday. The first case of diphtheria notified in the City for 19 years was a child who fell ill 5 days after arriving in England from India. The family travelled from Pakistan and lived under refugee conditions before leaving India. The child was chesty and became rapidly dyspnoeic before being admitted to hospital as an emergency. A tracheostomy was performed soon after admission, and membranous material from the trachea was sent for laboratory examination. From the membrane a corynebacterium was isolated which resembled *C. diphtheriae mitis*, but which proved non-toxigenic to laboratory animals. The child made an uneventful recovery. Throat and nose swabs from the rest of the family were all negative. A fatal case of tetanus, a man of 75, was notified.

TUBERCULOSIS

Report by Dr. W. M. Macleod, Consultant Chest Physician,  
Southampton Central Chest Clinic

Total Attendances 1971

Total attendances during the year	...	...	...	...	...	9,009
New patients (Diagnostic Clinics)	...	...	...	...	...	938
New patients (Contact Clinics)	...	...	...	...	...	541

X-Ray Examinations

Chest X-Rays	...	...	...	...	...	...	7,046
Tomogram examinations	...	...	...	...	...	...	175
Other examinations (including Barium Studies)	...	...	...	...	...	...	161
Miniature Chest X-Rays	...	...	...	...	...	...	9,730
							<hr/> 17,112

The Register

The number of persons on the Register at 31.12.70	...	...	...	821
The number of persons removed from the Register during 1971	...	...	...	92
				<hr/>
The number of persons remaining on the Register	...	...	...	729
<i>The number of persons added to the Register during 1971:</i>				
Newly notified	...	...	...	86
Transfers	...	...	...	2
				<hr/>
				88
The number of persons on the Register at 31.12.71	...	...	...	817

Primary Notifications

Respiratory Tuberculosis

	1963	1964	1965	1966	1967	1968	1969	1970	1971
Males	69	67	56	53	40	43	34	44	49
Females	33	32	30	18	17	19	9	18	21
Children	10	6	2	3	7	—	3	3	1
	<hr/> 112	<hr/> 105	<hr/> 88	<hr/> 74	<hr/> 64	<hr/> 62	<hr/> 46	<hr/> 65	<hr/> 71

Respiratory Tuberculosis

	1963	1964	1965	1966	1967	1968	1969	1970	1971
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Men									
Grade 1	21	16	13	19	16	16	11	9	18
Grade 2	17	16	11	8	14	11	10	15	11
Grade 3	31	36	33	25	10	15	14	19	19
Grade 4	—	—	—	2	5	1	—	2	1
	<hr/> 69	<hr/> 68	<hr/> 57	<hr/> 54	<hr/> 45	<hr/> 43	<hr/> 35	<hr/> 45	<hr/> 49

Women

Grade 1	5	5	4	3	6	6	3	2	7
Grade 2	6	5	5	4	4	3	1	2	6
Grade 3	22	27	22	12	6	10	6	13	8
Grade 4	—	—	—	1	3	—	1	3	1
	33	37	31	20	19	19	11	20	22

Grade 1—Sputum direct examination positive (culture positive)

Grade 2—Sputum or laryngeal swab cultures positive (direct negative)

Grade 3—All tests negative

Grade 4—No tests available

Non-Respiratory Tuberculosis

	1963	1964	1965	1966	1967	1968	1969	1970	1971
Males	6	6	6	1	5	2	4	2	4
Females	5	2	8	8	5	6	6	8	9
Children	—	—	2	—	1	1	1	1	2
	11	8	16	9	11	9	11	11	15

Sources of New Cases

General Practitioners	1. Direct	...	...	...	...	...	...	Pulmonary
"	2. After miniature X-Ray	...	...	...	...	...	...	9
Mass Radiography Unit		...	...	...	...	...	...	11
Contact Clinic		...	...	...	...	...	...	30
Others	...	...	...	...	...	...	...	2
Hospitals		...	...	...	...	...	...	1
								18
								71

Miniature X-Ray Service

The number of persons referred by General Practitioners	...	...	3,369
The number found with active pulmonary tuberculosis	...	...	6
Rate (per thousand)	...	...	1.78

Death Rate (Registrar General's Statistics)

Population 210,050

	Deaths	Incidence per hundred thousand population
Respiratory	4	1.90
Non-Respiratory	0	—

B.C.G. Vaccination

Contacts Vaccinated	...	...	...	481
Staff Vaccinated	...	...	...	118
				599

Cancer of lung

Men	...	...	...	...	61
Women	...	...	...	...	13
					74



It will be seen that there was an increase in the number of Primary Notifications in 1970 and a further increase in 1971. Of even more significance is the increase in the number of infectious cases with tubercle bacilli in the sputum. The reasons for this increase are complex and there is no obvious single factor which would account for it. The majority of the notifications were in the older age groups, especially male. These cases mainly represent a recrudescence of previous tuberculous infection. It is of vital importance that there should be no reduction or slackening in our efforts to control tuberculosis, which is clearly a continuing danger to the community.

## V.D. SERVICES

Report by Dr. R. M. Warren, Director, V.D. Services

The figures for new patients continue relentlessly to rise. A total of 3,968 (3,424)\* were seen in 1971. This is more than double the total for 1961. During the last 10 years diagnostic techniques have improved and a wider range of chemo-therapy and antibiotics is available and yet the group of sexually transmissible diseases is no nearer control. There is no doubt that the public is becoming increasingly aware of the risks of casual and promiscuous sexual behaviour and also of the facilities available for help and treatment. There are, too, encouraging signs of a healthy and responsible thirst for accurate factual information particularly among young people. There is still, however, evidence of ignorance at all levels and there is a need for further efforts in Health Education which require special skill and training, great delicacy and tact.

## SYPHILIS

28 (25) cases of early infectious syphilis were seen. 24 (21) were males and 4 (4) were females.

Of the males 2 were infected locally and 10 overseas. All the female cases were infected locally.

9 cases were seen in merchant seamen, 8 cases infected overseas. 1 penile infection was held to have been homosexually acquired.

## Gonorrhoea

The drop in gonorrhoea noted last year was short lived. 582 cases were reported 406 (310) males and 176 (127) females. Of these, 276 males were infected locally and 50 overseas.

163 female infections were acquired locally. 87 cases in merchant seamen showed 27 to be infected locally and 39 overseas. 23 ano-rectal infections were held to have been homosexually acquired and 28 penile infections.

## Other Conditions

Once again the increasing readiness of the public to make use of the service provided and a sensible approach to the problems of sexually transmissible disease are reflected in the increase in numbers under this heading.

3,350 new patients (2,952) were seen:

2,272 males (2,070) and  
1,078 females (882).

A much more detailed breakdown has been made of the various conditions dealt with under this heading.

Non-specific genital infection (formerly classified as Urethritis and for male cases only)

Moniliasis (Candidiasis)

Trichomoniasis

Warts (Condylomata acuminata)

Scabies

Lice

741 males

48 males

6 males

156 males

45 males

40 males

248 females

298 females

153 females

61 females

9 females

13 females

\*Figures in brackets are those for 1970.

## **Contact Tracing**

During 1971 information was received by the Contact Tracer concerning 50 female and 3 male probable sources of infection.

Of the 53 notifications only 26 contained a full address with full names or nicknames. The remaining 27 gave nicknames and/or descriptions and some gave information about places of employment or likely haunts.

In an effort to contact these persons the Contact Tracer visited homes, public houses, cafes, brothels, places of employment etc., with some success although much of the information which had been supplied was found to be inaccurate.

33 of the 53 persons were successfully traced and attended the Southampton Centre. At least two of these were known to be the subjects of more than one set of information received.

All 3 male patients were successfully traced. Two were found to have gonorrhoea and the third was diagnosed as a case of primary syphilis. For this latter case the initial information consisted of a christian name, his physical description and the name of the ship on which he was last known to have been employed.

Many of the cases which were successfully traced and treated led to other consorts being requested to attend the Centre for investigation. It was necessary for the Contact Tracer to interview some of these on the district to persuade them to attend.

Where contacts or defaulters had moved to other areas information was supplied to the respective centres.

149 letters were sent to patients who had defaulted before tests of cure had been taken.

249 visits were made to contacts and defaulters.

Liaison was maintained with other statutory and voluntary bodies throughout the year.

## **Health Education**

Towards the end of the year the Contact Tracer commenced giving lectures to Youth Clubs, Apprentices in factories and workshops, school children and others. These lectures usually took the form of the showing of a selected film followed by a short talk and adequate time for the audience to participate in general discussion and 'question and answer' sessions. The response and interest shown by the audience was most encouraging.



# PERSONAL HEALTH SERVICES

INTRODUCTION

CARE OF MOTHERS AND YOUNG CHILDREN

IMMUNISATION AND VACCINATION

HEALTH VISITING

DENTAL SERVICE

MIDWIFERY SERVICE

CHIROPODY SERVICE

HOME NURSING SERVICE

HEALTH EDUCATION

FAMILY HEALTH SERVICE

CERVICAL CYTOLOGY

AMBULANCE SERVICE





## PERSONAL HEALTH SERVICES

The 'Personal Health Services' section covers a wide range of interests, from chiropody to family planning, and from nursing services to health education. Facts and figures feature largely and are often dismissed as dull. The picture they present is far from dull, however, and merits a word of explanation. Two major interests in the health field today are the realisation of the need for an integrated service and the growing understanding of the major significance of the community sector. It is fortunate that this appreciation of the community field has occurred before integration, when it might have been over-shadowed by the economic giants of hospital and general practitioner services. Steady expansion has been made in this department over the last few years in many activities and, especially, in seeking co-operative measures with hospital and general practitioner services. The statistics which follow amply demonstrate this.

Health education has built up from virtual non-existence to a service enthusiastically supported by multi-disciplinary personnel and reaching an audience of thousands. The chiropody service has increased its capacity to serve the elderly and the handicapped and the ambulance service is stretched to the limit by demands consequent on the continuing trend to out-patient and day hospital treatment. The nursing services are now trusted and utilised by surgeons, physicians and family doctors to the point where staff are working to a load which they accept but which we should perhaps not tolerate for them. It is particularly pleasant to record the enthusiastic appreciation of hospital and family doctors for their domiciliary nursing colleagues, as closer co-operation further emphasises their value.

One figure which, without interpretation, might suggest a decrease in workload is the number of consultations for pre-school children which, unlike most others, has dropped slightly. Every encouragement is given to family doctors who wish to run genuine advisory clinics for their own young patients, but it is too soon for this to have had any real effect on numbers. The true cause lies in the altered type of work undertaken now in Infant Health Clinics, whereby doctors carry out less frequent but more intensive examinations and health visitors offer support to mothers on a wider field. Reference is made in the School Health section (page 41) to the computer assisted attempt to screen every infant by the age of eight weeks. It would cause considerable thought should any handicapped child appear at school entry without prior knowledge and preparation having been made. To achieve this standard, much time in the department has to be devoted to in-service training, both of new doctors and of new health visitors.

Perhaps because it is known that basic and continuous training is considered so important in the department, many individual requests are received from general practitioners, junior hospital staff, and married women doctors in re-training, to sit-in at various sessions. This is a responsibility gladly accepted but can present problems in accommodating all requests.

The domiciliary family planning service has long proved its value in a particularly difficult area and the time seemed right for an extension of this service. Discussions were undertaken and plans agreed, both with the Family Planning Association at National and Branch level, and with the personnel staffing the Southampton F.P.A. clinics, to provide a direct family planning service from April, 1972.

As 1974 approaches, one looks with a critical eye at the Local Authority services which will march into integration. Perhaps one looks especially critically in the Wessex region, which is well-known for its active Regional Hospital Board. This report suggests that it will be matched by an equally lively community partner.

## LOCAL HEALTH SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICES ACT, 1946

### Care of Mothers and Young Children

The following is a summary of the mothers seen at Ante-Natal and Post Natal Clinics held in Local Authority Clinics:

					Ante-Natal	Post-Natal
Hospital Clinics	...	...	...	...	3,338	548
Domiciliary Clinics	...	...	...	...	1,546	—
					—	—
				TOTAL	4,884	548
					—	—

The table below shows the number of attendances of children seen at the Child Health Clinics and the number of consultations with doctors there:

Clinic					Children attending	Consultations with doctors
Central Health Clinic	...	...	...	...	2,122	885
Sydney House	...	...	...	...	1,663	634
Oatlands House	...	...	...	...	2,184	495
Swaythling	...	...	...	...	2,468	500
Bitterne Park	...	...	...	...	1,832	396
Surrey House	...	...	...	...	2,072	458
Hazeleigh Avenue	...	...	...	...	2,034	497
Thornhill	...	...	...	...	2,578	390
Millbrook	...	...	...	...	1,226	376
Harefield	...	...	...	...	1,590	487
Townhill Park	...	...	...	...	1,976	435
Sparsholt Road	...	...	...	...	1,716	105
					—	—
					23,461	5,658
					—	—

### Births

The table below shows the actual number of births in the Authority's area during 1971 as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act 1936, adjusted by any notifications transferred in or out of the area.

			Live Births	Still Births	Total Births
Domiciliary	...	...	401	4	405
Institutional	...	...	2,961	40	3,001
			—	—	—
TOTAL	...		3,362	44	3,406

### Supply of Welfare Foods

During 1971 twelve Health Clinics continued the sale of Welfare Foods although the remaining voluntary centre for sales has now ceased.

The table below provides a comparison of sales between 1970 and 1971.

	1970	1971
National Dried Milk	21,607 packets	14,458 packets
Cod Liver Oil	1,662 bottles	1,017 bottles
Vitamin A and D tablets	3,362 packets	1,869 packets
Orange Juice	30,498 bottles	22,390 bottles

# VACCINATION AND IMMUNISATION

## Details of Inoculations

Table 1—Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	9	1,734	597	75	4	—	2,419
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	32	8	7	71	8	126
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	1	44	45
8. Salk ...	—	—	—	—	—	—	—
9. Sabin ...	6	1,768	603	87	88	16	2,568
10. Measles ...	—	1,359	846	125	147	29	2,506
11. Rubella ...	—	—	—	—	1	3,558	3,559
12. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria) ...	9	1,766	605	82	75	8	2,545
13. Lines 1 + 2 + 3 + 6 (Whooping Cough) ...	9	1,734	597	75	4	—	2,419
14. Lines 1 + 2 + 4 + 7 (Tetanus) ...	9	1,766	605	82	76	52	2,590
15. Lines 1 + 8 + 9 (Polio)	6	1,768	603	87	88	16	2,568

Table 2—Reinforcing Doses—Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	—	2	4	2	—	8
3. Diphtheria/Pertussis ...	—	—	—	—	1	—	1
4. Diphtheria/Tetanus ...	—	—	5	7	2,697	179	2,888
5. Diphtheria ...	—	—	—	—	—	5	5
6. Pertussis ...	—	—	—	—	—	1	1
7. Tetanus ...	—	—	3	10	41	278	332
8. Salk ...	—	—	—	—	—	—	—
9. Sabin ...	—	—	6	12	2,690	297	3,005
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria) ...	—	—	7	11	2,700	184	2,902
11. Lines 1 + 2 + 3 + 6 (Whooping Cough) ...	—	—	2	4	3	1	10
12. Lines 1 + 2 + 4 + 7 (Tetanus) ...	—	—	10	21	2,740	457	3,228
13. Lines 1 + 8 + 9 (Polio)	—	—	6	12	2,690	297	3,005

## Vaccination against Yellow Fever

An internationally approved clinic is held at the Central Health Clinic and during 1971 a total of 1,984 persons were vaccinated against Yellow Fever.



COMMUNITY NURSING SERVICE

Report by MISS JILLIAN FOULDS, Chief Nursing Officer

The Community Nursing Services continue to expand. The existing and accepted emphasis on community care for all but the acutely ill, when beds are available, has resulted in the hospitals increasing their early discharge rates of patients and increasing their day surgery activities. Co-ordination and integration with the hospital services are essential if continuation of patient care is to be uninterrupted.

All three sections of the nursing service are affected by this policy and their case loads have increased and will increase accordingly.

The attachment scheme of Community Nursing staff to general practitioners is becoming highly developed as the general practitioners are recognising more than ever before the proper use of the skills of the nurses working with them. This has resulted in an increasing number of referrals which in itself reduces the number of patients requiring hospitalisation by both the nursing and the preventative aspects of the work.

Further progress is being made towards the integration and co-ordination of nursing staff with hospitals and general practitioners.

The Geriatric Day Centre at Moorgreen Hospital opened in August, 1971 and a full time appointment was made of a health visitor as Liaison Officer between the Geriatric Unit and the Community Nursing Service with office accommodation in the Day Hospital.

Other hospital liaison schemes include the daily liaison by a Home Nursing Sister with the General and Royal South Hants Hospitals and with Fred Woolley House in regard to patients for discharge; the attachment of paediatric Home Nursing Sisters to the Children's Hospital; twice weekly health visitor liaison with the Children's Hospital; daily Midwifery and health visitor liaison with the Maternity Unit and the Special Care Unit.

One further group practice has made office accommodation available for Health Visitors in the surgery. These offices are used by all the attached nursing staff and this enables more effective communication and co-ordination to take place between them and the general practitioners concerned.

Miss Betty Knox, Supervisor of Midwives, was appointed Principal Nursing Officer (Midwifery) to the Southampton University Hospital on 1st December, 1971, after serving the City of Southampton for twenty-four years. Her appointment has strengthened our links with the hospital and we wish her every success. Miss Thelma Martin, previously Assistant Supervisor of Midwives, was appointed to the vacant post on 13th December, 1971.

HEALTH VISITING

Superintendent Health Visitor: MISS EDNA CLARKE

It is extremely difficult to measure the work of health visitors by quoting statistics of visits made. One visit may take all day or only fifteen minutes and since the health visitor is concerned with preventative medicine it is impossible to quantify the quality of work done. Statistics do, however, show trends in work loads.

During the year an increase was shown in the number of adult referrals to health visitors, which mainly come from general practitioners and therefore demonstrate the success of the attachment scheme, and included an increasing number of persons with mental illness.

The table below shows the overall increases over 1970

	1970	1971
Number of new cases of adults referred ... ..	339	1,013
Number of new cases of mental illness referred ...	49	133

The most notable increase is shown in the Health Education figures. The health visitor is the health educator par excellence whether she is in the one to one situation in the home or clinic or whether she is in the group situation, formal or informal, which takes place in clinics, surgeries, schools, colleges, factories, clubs

or other institutions. Because of this and because of her highly motivated interest in all matters concerning health, the health visitor undertakes more health education sessions to more people in more different situations than any other professional group.

The table below shows the increase in this activity by health visitors in 1970

1970		1971	
Total Talks	Total Audience	Total Talks	Total Audience
392	7,259	560	10,178

1971 proved to be a good year for the recruitment of health visitors and all available posts were filled. Recruitment of student health visitors was good and all the students sponsored in the 1970-71 academic year qualified.

## NOTIFICATION OF CONGENITAL HANDICAPS APPARENT AT BIRTH

This scheme is aimed at collecting national figures for congenital abnormalities, which are notified within a week of birth to the Office of Population Censuses and Surveys. The results give a picture not only of national incidence, but of variations from one area to another, which could be of help in attempting to establish causation with particular reference to the possibility of drug induced abnormalities. Another useful result is the detection of a changing picture for any one abnormality within an area.

Naturally, as the abnormalities are notified at birth, they are all of the immediately apparent type. So far as these go, Southampton has been estimated as one of the areas where reporting falls into the 90-100% accurate range. This is very satisfactory and much credit is due to the conscientious recording by the midwives. One would not claim that the system is perfect and now that the routine is established, refinements can be added. In some instances, under-recording may occur. For example, it is possible that congenital abnormalities in stillborn infants are not always remembered and it is hoped to arrange for closer co-operation with hospital staff, to check this. On the other hand, it is likely that there is over-recording of some defects, such as congenital dislocation of hip and talipes. Arrangements are now being made to run a check on such handicaps, with the aid of family doctors and health visitors.

It may take some time to erase such possible sources of error but the scheme itself is warmly welcomed as one of potentially great value.

## CONGENITAL MALFORMATIONS

Congenital malformations observable at birth are notified on the Notification of Birth form.

During the year there was an increase in the number of children with malformations reported and the following table shows comparative figures for the years 1969 to 1971.

	Number of Children		
	1969	1970	1971
Malformations	57 (69)	78 (96)	97 (115)
For the year 1971 the information was received from the following sources:			
Domiciliary Cases	9		
Hospital Cases	71		
General Practitioner Unit	17		

The most common malformations reported were:

Anencephalus	9
Spina Bifida	7
Hypospadias, epispadias	11
Talipes	20
Congenital dislocation of hip	12



Two lists of handicapped children are maintained on the computer, one according to general practitioner registration and the other according to school placement.

The list maintained according to general practitioner registration, which will include children entered for observation, is sent to the appropriate Health Visitor. The school list is maintained in the School Medical Records Section of the Central Health Clinic.

## SCHOOL NURSING

Until recently it has been the policy to combine the work of school nursing with health visiting but this was never wholly satisfactory due to the heavy demands of domiciliary service. Since attachment of health visitors to general practitioners was introduced, the situation further deteriorated as health visitors no longer had a geographical area and therefore no longer an obvious relationship with particular schools.

At the same time there were changes in the pattern of clinic usage and the work of the clinic nurse lowered.

On the 1st January, 1971, the clinic nurses, each of whom is an S.R.N., became school nurses undertaking the practical side of school nursing attached to specified schools thus releasing the health visitor from the practical nursing aspects of work in schools but allowing her to retain responsibility for liaising with schools on socio-medical problems concerning school children and also retaining responsibility for health education in schools.

## REGISTRATION OF PRIVATE NURSING HOMES AND NURSING AGENCIES

No Nursing Homes were opened in 1971 and none closed. There was however, a change of ownership involving one Nursing Home. At the end of 1971 there were six Nursing Homes registered for 97 non-maternity beds.

## HOME NURSING

Superintendent Home Nursing: MISS ISOBEL AMES

During the past year there has been a continuous increase in the number of patients nursed at home. This has resulted in the home nurses having an average of twenty-five patients a day to nurse. A year ago the average was sixteen patients, which is generally accepted to be the maximum number of patients that a nurse can cope with in a single day.

The work has been very varied and the most notable increase has been in the number of surgical patients discharged early or after day surgery and with the number of patients requiring night visits.

The number of patients requiring weekly bathing has also shown a marked increase and extra ancillary staff had to be appointed to cope with this case load which resulted in there being no waiting list for this service. Nevertheless some of this work still has to be undertaken by qualified staff.

The table below shows the overall increases over 1970.

	1970	1971	Increase Numbers	Increase %
Number of New Patients	4,939	5,631	692	14.01
Number of Patients Nursed	5,888	6,680	792	13.33
Number of Domiciliary visits	120,100	132,209	12,109	10.09
Discharges from hospital	1,240	1,891	651	52.5
Night visits	2,831	10,065	7,234	255.5



**DOMICILIARY MIDWIFERY**

Supervisor of Midwives: MISS BETTY KNOX (Resigned 30.11.71).  
MISS THELMA MARTIN (Appointed 13.12.71).

The number of home or Victoria House deliveries undertaken by midwives can no longer be taken as a criterion for assessing the work load of this service. 82% of all ante-natal care and almost 100% of post natal care is the responsibility of the domiciliary midwives. The number of early discharge cases from the Maternity Unit doubled during 1971 due partly to the closure of the post-natal beds at the Western Hospital and partly to the hospital's early discharge scheme and its increasing popularity with patients.

Of the total 2,123 births to City patients during 1971, 1,223 were delivered by the domiciliary midwives either at home or at Victoria House.

The following table shows the overall increases/decreases over 1970.

	1970	1971	Increase/ Decrease	%
No. of live births	2,047	2,123	+ 76	+ 3.71
No. of home deliveries	528	401	-127	-24.05
No. of Victoria House deliveries	755	822	+ 67	+ 8.87
No. of hospital early discharges	801	1,304	+503	+62.78

**MATERNITY AND CHILD DENTAL HEALTH SERVICES**

Report by MR. IAN MADDICK, CHIEF DENTAL OFFICER

The improvement in the level of service for pre-school children noted last year has continued. This received favourable comments from a Dental Officer on the Joint Dental Staff of the Department of Health and Social Security during his recent visit to review the City's dental services. Credit for this is due in no little part to the establishment in 1970 of the Birthday Letter Appointment Scheme for three-year olds by my predecessor Mr. Alan Edwards who left earlier this year.

The rise in numbers of children attending reflects the effect of encouraging parents of children seen in previous years to return for regular check-ups as well as the recruitment of new patients. This speaks highly for the efforts of all our staff and their patient understanding of young children in the dental surgery. While I am sure they value the opportunity to establish a good working relationship with the child as early as possible it must be remembered that treating large numbers of children of three and four years is an extremely exacting task.

The number of Health Education sessions which are mainly directed towards the mothers of pre-school children has increased. This is to be welcomed because it is the mother who controls her child's diet and may influence the development of habits in these early years. Not only may this affect the child's sweet eating habits, but also his development of tooth brushing skills and equally important, his attitude towards the dentist and dental treatment.

Continued efforts are needed in the Health Education field to help reduce the high levels of decay in toddlers' teeth not only by encouraging better balanced diets, but also through adjusting the level of fluoride in the public water supply. It is unfortunate to note that despite the strenuous efforts of my predecessor, Southampton is no nearer to implementing this valuable public health measure.

**CERVICAL CYTOLOGY**

Report by DR. R. MANCLARK

I am glad to say that this is really a 'Well Woman Clinic' and this last year there have been no definite cases of carcinoma of the breast or cervix diagnosed; the higher percentage of carcinoma of the cervix from other sources is probably due to smears being taken of suspicious cases already diagnosed. The extra number of cases requesting tests was largely due to magazine articles, radio and T.V. programmes as well as, of course, to the public's increasing consciousness of the necessity for this test and the helpful advice from Doctors, Health Visitors, Midwives and friends.

Figures for clinic for 1971:

New patients	...	...	...	...	...	577
Repeats (recent and 1969 ones)	...	...	...	...	...	292

Conditions noted:

Carcinoma of the cervix	...	...	...	...	...	Nil
Carcinoma of the breast	...	...	...	...	...	Nil
Polyp	...	...	...	...	...	15
No Endocervical cells seen	...	...	...	...	...	67
Erosion	...	...	...	...	...	28
Inflammatory	...	...	...	...	...	18
Letters to G.P.s	...	...	...	...	...	41
Cases referred to Gynaecologist	...	...	...	...	...	7
General Practitioners	...	...	...	...	...	7,292

## DOMICILIARY FAMILY PLANNING SERVICE

Report by DR. DOROTHY MORGAN

The average number of patients on the domiciliary family planning list has been 615 a month. This figure has varied chiefly because of emigration and immigration among commonwealth and Northern Ireland families, and fluctuating employment opportunities.

The following medical reasons were given for discontinuing treatment:

- 10 pregnancies, of which two were planned;
- 27 patients accepted sterilisation;
- 15 patients left the area;
- 7 patients were living apart from their husbands on either a permanent or temporary basis.

Of the new patients beginning treatment:

- 90 were prescribed the pill;
- 103 were prescribed the inter uterus device;
- 5 came for consultation only and were all referred for tubal tie or vasectomy.

Because the case load was becoming increasingly heavy at the special domiciliary clinic at East Park Terrace, it was decided in 1970 to transfer to ordinary family planning clinics 30 women who had been receiving treatment for at least 5 years and who had no children below school age. Despite the fact that great pains were taken to give patients appointments at times which suited them, after 3 months only 10 patients had accepted the transfer. This, I think, highlights the fact that the domiciliary patient will not accept treatment at ordinary clinic sessions, however convenient they might be, unless the doctor and supporting staff are familiar to them. It also demonstrates the need for clinics run by domiciliary staff in other parts of the City.

This year we have treated, for the first time, the daughters of our original patients and we have seen the growing acceptance of sterilisation and vasectomy.

Our achievements in 1971 would not have been possible without the work of the two family planning health visitors. They have made a total of 1,394 home visits and it is to their credit that so many patients have attended the clinic for a check up. As a result we have been able to devote some time to cervical cytology and 'well-woman' supervision.

## ADAPTATIONS FOR HOME DIALYSIS

The Director of the Dialysis Unit at St. Mary's Hospital, Portsmouth, asked for home adaptations to enable five patients to have treatment at home. Rooms were adapted in four private houses and one Council house, at costs varying from £208 to £467 per house.



## HEALTH EDUCATION SERVICE

The Health Education Service in Southampton has continued to expand very rapidly during 1971. A determined effort has been made by the service to provide backing for the teachers in the city who are endeavouring to build health into education in the schools. Also, a great deal of work has been undertaken in industry, in teacher training colleges, colleges of further education and adult groups in the city.

Considerable expertise has been brought to the Health Education Service by the Department of Community Health staff, Consultants from hospital, Family Doctors, Social Workers, Probation Officers, Police and members of voluntary organisations, who have given their time liberally to support what we are doing in Health Education.

During 1971, 1,183 talks and discussions covering a wide range of topics including drugs, smoking, venereal disease and cervical cytology, were undertaken to an audience of 34,990 people.

In the field of drug abuse, staff from the Community Health Department and Police have greatly expanded their work with teachers in post, teachers in training, trainee general practitioners and parents. In the secondary schools, teachers are introducing discussions about drug abuse and when they require support to teach this topic in depth, medical officers, health visitors and probation officers have gone into schools with the teachers.

In dealing with the problem of Smoking, the department has been active in teaching teachers in post and in training. Teachers have been asked to introduce discussions about Smoking with 9-year-old children and where they have asked for help, public health inspectors, medical officers and health visitors have gone to the schools to give this assistance.

In the field of Venereal Disease, again the accent has been on increasing the information about venereal disease amongst teachers and supporting secondary school teachers in discussions by visits from the health visitor attached to the special clinic, other health visitors and medical officers.

As Cancer Education is being increasingly introduced into secondary schools, so the topic of cervical cytology is introduced at the same time.

This is a vast increase on the year before, and we were only able to meet this volume of work by the ready participation of all concerned.

It is only by further participation in Health Education by all people who are concerned to prevent ill health that this service can hope to contribute towards an improved standard of health in the city.

## CHIROPODY SERVICE

The Chiropody Service was completely re-organised during 1971. The City was divided into five areas to give each chiropodist his own district within which to work in clinics and Part III accommodation and to carry out domiciliary visits.

During the year 2,098 people were treated, the total number of treatments being 14,871. Of those, 7,852 were given in clinics, 4,069 in private homes and 2,950 in Part III accommodation for the elderly.

During the year it was decided to create an Appliance Centre within the Chiropody Suite in the Central Health Clinic to enable chiropodists to provide appliances for suitable patients. This would mean that treatment for patients fitted with appliances could successfully be spread over longer periods and thus more patients could be treated. By the end of 1971 the chiropodists had begun to work in the Appliance Centre and 19 patients were successfully fitted with appliances made of latex, plastazote and leather.

The staff at the end of the year consisted of one chief chiropodist, two full-time chiropodists and two part-time chiropodists.

**AMBULANCE SERVICE**

Report by MR. G. HOULDSWORTH, Ambulance Officer.  
During the year the number of patients moved by Ambulance and the mileage covered were as shown in the following table:

	Ambulances			Ambulance Car Service	
	Patients Carried	Mileage	Emergency Calls	Patients Carried	Mileage
1969	76,340	329,997	3,957	31,815	119,403
1970	81,328	334,975	3,878	26,657	119,759
1971	80,621	345,968	3,977	25,907	126,802

**CONTROL**

In central control the new key and lamp telephone system was installed and became operational at the end of November. This has already resulted in increased efficiency and speed in dealing with '999' and routine calls and the staff have found the system most satisfactory. A new 50ft radio mast has been erected on the roof of the Central Health Clinic and this has generally improved the radio-telephone communications giving a much wider range, and we are now looking forward to next year when we hope to have even more efficient and sophisticated radio-telephone equipment installed.

**AMBULANCE SUB-STATIONS**

The new ambulance station for the Eastern side of the city still remains high on the priority list. It is envisaged that this station will provide coverage for the Thornhill, Harefield and Weston housing estates, in addition to Bitterne, Bitterne Park, Townhill Park, Sholing, Midanbury and Bitterne Manor, and the appropriate section of the M27 motorway. In the meantime two sub-stations continue to operate on a peak period stand-by system.

**AMBULANCE TRAINING SCHOOL**

Eight members of the staff attended courses held at the Ambulance Training School, Bishop's Waltham, and two members of the staff did a four week course on the Pilot Scheme for Training of Ambulance Personnel in the Hospital Setting.

**MAJOR DISASTERS**

The Service was alerted once when fire broke out on s.s. 'Oriana' off Calshot Point on 11th August, 1971. There were no major accidents in the City during the year.

**THE MOTOR VEHICLES (DRIVING LICENCES) REGULATIONS, 1970**

Total number of people applying for a driving licence and suffering from									
epilepsy	...	...	...	...	...	...	...	...	32
Number recommended for grant of a licence	...	...	...	...	...	...	...	...	25
Number not recommended for grant of a licence	...	...	...	...	...	...	...	...	7
Number of people applying for a driving licence and suffering from other									
disabilities	...	...	...	...	...	...	...	...	18
Number recommended for grant of a licence	...	...	...	...	...	...	...	...	15
Number not recommended for grant of a licence	...	...	...	...	...	...	...	...	3

MEDICAL EXAMINATIONS

The Department has the responsibility of assessing candidates for appointment at the request of other Corporation departments. The system introduced in 1966, whereby a comprehensive medical questionnaire was completed and a full medical examination carried out only where the need was indicated, has continued to work very satisfactorily and has saved much medical officer time. 633 questionnaires were examined and 35 full medical examinations advised. Two candidates were considered to be medically unfit.

Other examinations are requested by departments for various specific purposes. They included the following:

Early retirement medicals	...	...	...	...	...	13
Intending entrants to Teacher Training Colleges	...					204
Teachers	...	...	...	...	...	49
Fire Department—						
H.G.V. licences	...	...	...	...	...	45
Recruits	...	...	...	...	...	17
Transport Department—						
H.G.V. licences	...	...	...	...	...	11
P.S.V. licences		...	...	...	...	156
Waterworks—						
H.G.V. licences	...	...	...	...	...	8
Examinations for other authorities			...	...	...	11



# **SCHOOL HEALTH SERVICES**







City of Southampton

# ANNUAL REPORT

on the

SCHOOL HEALTH SERVICE

For the Year 1971

by

ANGUS MCGREGOR,

M.A., M.D., D.P.H., F.F.C.M.

Principal School Medical Officer to the  
City of Southampton

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report for the School Health Service for the year 1971. As the reorganisation of both the National Health Service and Local Government approaches, one both writes and reads such reports with a more critical eye. Unless specific steps are taken to ensure the contrary, it could transpire that there would be no need to write such a review and no-one with responsibility for reading it. Many people consider this would be a loss, as would the disappearance of doctors with particular responsibility for liaising with schools and voluntary organisations. A good example of this is the advice given to teachers with diabetic pupils, and the voluntary work, mentioned in the section on educationally sub-normal children, done by the Southampton Society for Mentally Handicapped Children and the King Edward VI Grammar School.

The reorganisation of the School Health Service, including computerisation and the progressive elimination of unnecessary routines, is virtually complete. An article by Dr. Atkins and myself describing the system (Community Medicine 1971, 126.9.133) has aroused considerable interest.

The scheme for vaccination of teen-age girls against rubella is now well-established, demonstrating again the need for an administrative organisation working closely with the schools.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,

*Principal School Medical Officer*

## EDUCATION COMMITTEE

### Council Members

The Mayor  
Alderman Mrs. Edmund-Johnson (Chairman)  
Alderman Pettet  
Councillor Aplin  
Councillor Candy  
Councillor Dawson  
Councillor Dibben  
Councillor Mrs. Fountain  
Councillor Mrs. Franklin (Vice-Chairman)  
Councillor Goater  
Councillor Mrs. Leekblade  
Councillor Marshall  
Councillor Minto  
Councillor Pimlott  
Councillor Pugh  
Councillor Russell  
Councillor Mrs. Sanders  
Councillor Mrs. Smart  
Councillor Stewart  
Councillor Tapper  
Councillor Vandervelde

### Co-opted Members

Mr. J. S. T. Bishop  
Mrs. M. Crane  
Mrs. I. Lewis  
The Reverend Father W. McDonald  
Mr. J. Melmoth  
Mr. H. V. D. Merwood  
The Reverend R. J. Milner, M.A.  
The Reverend Professor C. Morris, B.A.  
The Reverend A. Nagle, B.D.  
Mr. C. W. G. Sturges

### STAFF

*Medical Officer of Health and Principal School Medical Officer:*  
Angus McGregor, M.A., M.D., D.P.H., F.F.C.M.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*  
W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Senior Medical Officers:*  
Catherine M. Atkins, M.B., Ch.B., M.F.C.M.  
Jeannette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.

*School Medical Officers:*  
Bethan Davies, M.R.C.S., L.R.C.P.  
A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H.  
R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.R.C.  
Martha Lebermann, M.D.  
H. D. Rossiter, M.B., B.Ch., D.P.H.  
W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.  
J. Russell, M.R.C.S., L.R.C.P.  
Margaret Stewart, M.B., Ch.B. (resigned October, 1971)  
Sarah Weiser, M.B., B.Ch. (commenced May, 1971)  
Angela Evans, M.B., Ch.B. (commenced November, 1971)

*Consultants:*

Ear, Nose and Throat—Bernard Sugden, M.B., B.S., M.R.C.S., L.R.C.P., D.L.P.

*Consultant Psychiatrists* (employed by Wessex Regional Hospital Board)

L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H. (Medical Director)

Lotte Rosenberg, M.D., D.P.M.

W. H. Allchin, M.A., M.D., Ch.B., D.P.M.

A. J. Harbott, M.B., Ch.B., D.Obst., R.C.O.G. (until June 1971)

*Educational Psychologists:*

Mrs. M. L. Dickinson, M.A. (Oxon), Dip Ed.(Oxon), B.A.

Mrs. E. M. Gould, M.A., M. Litt. (part-time)

Mrs. E. Marcer, B.A.

*Therapist and Psychologist:*

Miss S. Trussler, B.A.S.W.

*Psychiatric Social Workers:*

Miss J. Moxhay, B.A.S.W.

Mrs. P. M. Bow, B.A.S.W.

Mrs. S. Granville, B.A.S.W.

*Chief Dental Officer—Principal School Dental Officer:*

Alan Edwards, F.D.S., D.D.P.H., R.C.S. (until March 1971)

Ian H. Maddick, M.A., B.D.S., L.D.S.R.C.S. (from September 1971)

*Senior Dental Officers:*

Mrs. E. M. Earp, B.D.S. (from November, 1971)

Mrs. F. E. Topan, B.D.S. (from October 1971)

*Dental Officers:*

Miss B. H. Black, B.D.S. (part-time)

D. T. Davis, L.D.S.R.C.S.

Mrs. K. D. Nijenhuis, L.D.S.R.C.S.

Mrs. G. F. Norton, B.D.S. (from Oct 71)

P. S. Robson, B.D.S., F.D.S., D.Orth., R.C.S. (part-time)

Mrs. M. Robson, B.D.S. (until October 1971) (part-time)

J. H. Thomson, L.D.S.R.C.S.

*Dental Auxiliaries:*

Miss M. C. Supple

Mrs. K. Sutton

*Specialists:*

*Anaesthetics:*

Dr. W. L. M. Bigby, M.B.E., M.B., B.S., F.F.A., R.C.S.

*Oral Surgery:*

Miss S. M. Hall, L.D.S.R.C.S.

*Orthodontics:*

P. S. Robson, B.D.S., F.D.S., D.Orth., R.C.S.

*Physiotherapist:*

Mrs. A. Compton (October 1971)

*Speech Therapists:*

Mrs. D. M. Walker, L.C.S.T., A.L.A.M. (Senior Speech Therapist)

Mrs. J. Hendry, L.C.S.T. (September 1971)

Mrs. P. A. Brookes, L.C.S.T. (part-time)

Mrs. M. J. Olden, L.C.S.T. (part-time)

Mrs. J. Calloway, L.C.S.T. (part-time) (September 1971)

*Principal Nursing Officer:*

Miss J. Foulds, S.R.N., O.N.D., H.V., H.V. Tutor Cert.

*Superintendent Health Visitor:*

Miss E. M. Clarke, S.R.N., S.C.M., S.T.D., H.V. (Cert)

*Principal Administrative Assistant:*

W. M. Watts

*Administrative Assistant:*

R. A. Johnson



School Medical Inspection

Steady progress has been made with regard to the scheme outlined in previous Annual Reports. The general principles of early knowledge of any problems, of pruning unnecessary routine work, and of concentrating on specialist advice and support appropriate to child health staff, have been adhered to. Emphasis has been placed on two screening examinations—the early one, at about four weeks of age, in a child health clinic and the pre-school entry examination at four and a half years of age. The properly trained child health doctor, knowing what he looks for, develops considerable skill at spotting the children who will need help and supervision. No system depends on one individual, however, and equally important are the health visitors, adept also at spotting deviations from the normal and referring children back for re-examination, and members of school staffs with their interest, their day-to-day concern with their pupils and often with helpful knowledge of the family.

At the early end of the age scale, it is now being attempted to invite for examination by a postcard produced by the computer, any child who has not had a screening examination by the age of six weeks. Two gratifying facts are emerging—the percentage who have already attended spontaneously for such an examination and the good acceptance-rates for the few who have required an invitation. A small number of family doctors have already been involved in the school entry examination of their own young patients and others are now being trained to participate similarly in infant examinations.

Major re-organisation of the child health services has occurred gradually over the last few years. Now it is beginning to shape, almost to settle into the planned path and run smoothly again. Many thanks are due, however, to all members of staff who co-operated in the early, difficult days when disorganisation must have seemed more apparent than re-organisation. Our problem now is almost that of having arrived too soon. We have rationalised our work and need now the closer co-operation and the ready sharing of premises and records with hospital and general practitioner which is so necessary for a comprehensive child health Service. We look to 1974 to produce this . . . .

School Departments

Analysis of Maintained School Departments and School Population on 1st January, 1972.

School Departments	Number	School Population
Primary ... ..	69	25,509
Secondary ... ..	17*	10,470
Secondary Colleges ... ..	3	1,357
Grammar ... ..	1	675
Special ... ..	3	349
TOTALS ...	93	38,360

\*St. Anne's School is not included in these figures as it is a direct grant school and not maintained by the Local Education Authority.

Number of Children Examined

School Departments							Children Examined	Interviews
Primary	...	...	...	...	...	...	4,824	
Secondary:								
(a)	Neighbourhood Comprehensive			...	...	687	1,807	
(b)	Secondary Colleges			...	...	—	—	
(c)	Other Schools			...	...	91	213	
Special:								
Aster House (Spastic)			...	...	...	20		
Netley Court (Day E.S.N.) (Juniors)			...	...	...	22		
Red Lodge (Day E.S.N.) (Seniors)			...	...	...	95		
TOTALS							5,739	2,020

The overall percentage of parents present at school medical inspection was 86.61%, 98.42% attended with entrants to school and 38% with school leavers.

Infestation

The school nurses carry out regular hygiene assessments and the figures below show the results of their visits to the schools

Number of children of school age	...	...	...	...	38,360
Number examined or re-examined	...	...	...	...	19,244
Number of children requiring cleansing					
Attended once	...	...	...	262	
Attended twice	...	...	...	48	
Attended three times	...	...	...	2	
					312

THE SCHOOL DENTAL SERVICE

MR. IAN MADDICK, Principal School Dental Officer

A marked improvement in the staffing position took place in the latter part of the year. An unexpectedly large response to our advertisements allowed us to bring our numbers of dental officers up to full establishment. At present, the only vacant post in the department is that for one dental auxiliary.

There has been an overall increase in the work done by the department. As well as a rise in the numbers of school children inspected and treated, there has been a small but significant increase in the output of work. It is hoped that with the increase in staff, this trend may be continued and that it should be possible to establish a regular pattern of more frequent inspections and treatment. The emphasis on the care of younger children has continued and, with the favourable staffing position, it should be possible to increase our efforts in the prevention of dental disease and not have to concentrate, as past, solely on the treatment of already present decay.

The development of a preventive dental programme has been one of the specific tasks assigned to Mrs. Elizabeth Earp who was recently appointed to one of the two senior dental officer posts. The other senior dental officer post has been filled by a Mrs. Fatima Topan, who has returned to the City's dental service after serving for three years on the staff of the Government Dental Service in Tanzania and assisting in their programme for training dental auxiliaries. As well as clerical duties, she will be concerned with the future development of the City's

treatment services. We are fortunate that the City is favoured by general dental practitioners as a place in which to work. With one dentist for every two thousand eight hundred of the population compared with one to four thousand five hundred which is the national average, the vast majority of the population including older children can obtain dental treatment which is of a high standard. There are, however, groups even in this favourable situation for whom assistance is required. The City's policy of concentrating on the younger child is meeting the needs of one of the largest of these groups. The new mobile dental clinic which is due to arrive shortly can be taken to schools and institutions for the handicapped, another group in need.

The progressive and logical policy of the City in the organisation of its dental services is encouraging. This has undoubtedly contributed to the success with which we are now able to attract staff and tokens well for the integration of the local authority dental service with the other dental services in the re-organised national health service. 1974 is not far away and there is an urgency for all the dentists in the area to plan jointly for the dental needs of our community. Perhaps one word of warning; there will at the time of re-organisation of Local Government and Health Services, be a degree of confusion which may result in a lack of response to local needs. It is therefore of vital importance that any weak points in our dental service are rectified before 1974 so that Southampton can go forward into the latter half of the seventies reassured that the community will benefit from a strong dental service.

### EAR, NOSE AND THROAT CLINIC

MR. B. SUGDEN, Aural Surgeon, holds the Ear, Nose and Throat Clinic twice weekly at the Central Health Clinic.

A summary of the work at the Aural Clinic in 1971 is shown in the following table:

Total attendances	...	...	...	...	...	...	1,092
New cases for consultation	...	...	...	...	...	...	452
Return cases for review or treatment	...	...	...	...	...	...	640
Tonsils and adenoid operations	...	...	...	...	...	...	67
Nasal and aural operations	...	...	...	...	...	...	10
Audiographs	...	...	...	...	...	...	83

### IMMUNISATION AND VACCINATION

The bulk of vaccination is done in pre-school years, but booster diphtheria tetanus and polio are offered at four years. B.C.G. vaccinations are carried out in most 14 year-olds, and also in entrants to schools with large numbers of immigrant pupils. Vaccination against German measles has been given to about 90% of girls aged 12 and 13 years for the first time and is quite an encouraging start.

Type of Dose							Primary Courses	Reinforcing Doses
Diphtheria/Tetanus/Pertussis	...	...	...	...	...	...	4	2
Diphtheria/Pertussis	...	...	...	...	...	...	—	1
Diphtheria/Tetanus	...	...	...	...	...	...	79	2,876
Diphtheria	...	...	...	...	...	...	—	5
Pertussis	...	...	...	...	...	...	—	1
Tetanus	...	...	...	...	...	...	45	319
Poliomyelitis	...	...	...	...	...	...	104	3,987
Measles	...	...	...	...	...	...	176	—
B.C.G.	...	...	...	...	...	...	1,952	—
Rubella (German measles)	...	...	...	...	...	...	3,559	—



# TUBERCULOSIS

The following table shows the number of children notified under the Public Health (Tuberculosis) Regulations, 1952, giving the previous year's notifications in brackets.

Pulmonary Tuberculosis								
Boys	...	...	...	...	...	...	-	(1)
Girls	...	...	...	...	...	...	2	(2)
Non-Pulmonary Tuberculosis								
Boys	...	...	...	...	...	...	-	(1)
Girls	...	...	...	...	...	...	2	(-)
TOTAL							4	(4)

# CHILD AND FAMILY GUIDANCE CLINIC

DR. L. B. BARTLET, Medical Director, reports:

## Clinic Data

The number of psychiatric sessions held was 526. There were 2,667 child and 575 parent attendances for interviews with psychiatrists. The psychiatric social workers conducted 2,130 interviews in the clinic and made 172 home visits.

## Breakdown of Work Carried Out

Consultations	...	...	...	...	...	...	...	221
Treatments	...	...	...	...	...	...	...	1,794
Family Group Interviews	...	...	...	...	...	...	...	32
Reviews	...	...	...	...	...	...	...	230
Intelligence Tests	...	...	...	...	...	...	...	395
Educational Tests	...	...	...	...	...	...	...	356
Remedial Teaching	...	...	...	...	...	...	...	84
Psychologist's interviews with child	...	...	...	...	...	...	...	8
Parent interviews	...	...	...	...	...	...	...	2,791
Total Referrals	...	...	...	...	...	...	...	336
Sources of Referral:								
Doctors from various clinics	...	...	...	...	...	...	...	39
Hospitals	...	...	...	...	...	...	...	14
Private Doctors	...	...	...	...	...	...	...	89
Health Visitors	...	...	...	...	...	...	...	2
Head Teachers	...	...	...	...	...	...	...	82
Chief Education Officer	...	...	...	...	...	...	...	9
Chief Constable & Probation Officer	...	...	...	...	...	...	...	15
Social Services Department	...	...	...	...	...	...	...	35
Parents	...	...	...	...	...	...	...	31
Speech Therapist	...	...	...	...	...	...	...	2
Dr. Barnardo's Homes	...	...	...	...	...	...	...	1
Marriage Guidance	...	...	...	...	...	...	...	1
Psychiatrists	...	...	...	...	...	...	...	15
Court Welfare	...	...	...	...	...	...	...	1

## Staff Changes

Dr. A. J. Harbott, Senior Registrar, left the Clinic in June on his appointment to the consultant post associated with the new Adolescent Unit (Meon House).

Mrs. L. Abramsky, Social Worker, also left for domestic reasons. Both were valued members of the team. Mrs. Abramsky's post has been taken by Mrs. G. Granville, psychiatric social worker. Unfortunately, Dr. Harbott's successor has not yet been appointed. The play psychotherapist post, vacant since the retirement of Mrs. Ellingham in 1970, has been filled by Miss Audrey Trussler, who returns after two years at Guy's Hospital.

## Features of the Year's Work

In recent annual reports attention has been drawn to the numerous commitments outside the Clinic that are now shouldered by staff. The psychiatrists and the psychologists, in particular, are involved in a consultative way in many different fields—in schools, hospitals and various community agencies. As the Clinic has been undermanned in respect of both psychologists and psychiatrists it meant that there was less psychiatric and less psychological time available for normal, bread and butter clinical procedures, diagnostic and therapeutic. Referrals have not fallen off—rather the reverse—so that the pressures falling on the staff, especially the psychiatric social workers, have been depressingly great. By the end of the year the waiting list was longer than it had been for several years. Routine referrals were often waiting three months before being seen.

Looking ahead, the prospect for 1972 isn't much better. One full time educational psychologist struggles on when there should be four of her kind. Slightly more psychiatric time may be available in 1972, but not much.

Southampton has a fairly wide range of special units and classes for children suffering from emotional or behavioural disorder. The Local Education Authority provide special diagnostic classes at the infant stage, special classes at the middle and senior stages, and a special unit for nervous children (St. Mark's). There are short-stay hospital places at the Bursledon Annexe of the Children's Hospital for youngsters with psychosomatic or mild emotional disorders. Even so, there are several gaps. We lack facilities to help Mothers with abnormally fretful or difficult babies. There is nowhere locally where one can place or accommodate seriously disturbed children; such children sometimes go without formal education of any kind while they await a place in a special boarding school.

There is, therefore, a great need for a Day Centre. At the moment, thinking is that such a psychiatric day centre should be part of a complex of units for children with various disabilities and handicaps, physical and mental, to be described as a Child Health Centre.

In June, a new school for autistic children opened in Southampton. This School, known as Hope Lodge, is under the auspices of a Southampton Association for Autistic Children. Several City children have been placed there. Dr. Bartlet is Honorary Consultant.

## SCHOOL PSYCHOLOGICAL SERVICE

MRS. M. M. L. DICKINSON, Senior Educational Psychologist, reports:

The scope of the educational psychologist's work still seems to be expanding and it is becoming increasingly difficult to keep one's work up to date, both as far as reports and case loads are concerned. One of the new areas of work into which the psychologists have been invited is assessing children at Westwood House. This is very much, particularly since the new Act, the work of the educational psychologist, but it is time-consuming and we shall continue to be understaffed until late 1972.

The special units in schools appear to be working very well, although the psychologists would like to have time to be more intimately connected with them. As far as provision for children with difficulties in Southampton and the practical teaching is concerned, I think all the psychologists agree that there is insufficient provision for children who fall in the I.Q. range 70–85, who are not basically handicapped enough to need placement in a special school for E.S.N. children, but who are not quick enough or bright enough to cope with the class-work if they are in a large class. Their ideal placement would be in a small special class in an ordinary day school. Many conscientious teachers in Southampton, by re-arranging their staffing, have created such a class but they are always at the mercy of a rise of numbers in their school. A great number of children are falling behind their potential in school for lack of more individual help.

The three psychologists at the end of the summer term carried out a reading survey on a number of schools in the City where the Heads themselves thought

they had a reading problem. This revealed that there are a great number of children in Southampton whose reading capacity is well behind their potential. I wish to state that this is not necessarily a criticism of the schools—there are various factors which can affect the situation, but it is obviously something one must try to remedy. There are two main ways of doing this—the generally weaker children need to be in a small class as I have mentioned before; and those who are of a generally brighter calibre but very weak in reading would benefit from the setting up of reading centres. The latter is already on the stocks, the former is not as yet. Nevertheless, I must say, from the educational psychologist's point of view, that more facilities are being made available for the children in difficulties and since coming to the city I have been particularly impressed by the provision for deaf children.

**ST. MARK'S TUTORIAL UNIT**

As usual I end by reporting on St. Mark's Tutorial Unit, our small day adjustment unit for "maladjusted" children:

We have, because of pressure of numbers, allowed the entry to rise a little above twenty—but if the numbers rise too high, the value of the therapy will fall. We have five teachers there—two men full-time and three ladies who do twenty sessions a week between them. We were fortunate to have appointed as deputy in September 1971, Mr. Jolly, whose worth at the Unit we quickly appreciated.

Number of children admitted during year	...	19
Number of children left for normal school, work, or further treatment	... ..	15
Girls admitted during year	... ..	7
Boys admitted during year	... ..	12
Average age of boys	... ..	12.3 years
Average age of girls	... ..	14 years
Number of children 'in care' (Children's Department)		3
<i>Reason for admission:</i>		
9 school phobics		
3 medical		
7 behaviour problems		
<i>Destination of those discharged:</i>		
3 boarding schools		
3 excluded		
4 to normal schools		
5 employment		
1 hospital school		

**SPEECH CLINIC**

MRS. D. M. WALKER, Senior Speech Therapist submits the following report:

During 1971 the position concerning speech therapists has improved, Mrs. J. Hendry was appointed to the full-time vacancy in September and Mrs. Callaway returned to the staff in a part-time capacity. There are now the equivalent of three full-time therapists.

Referrals to the clinic far exceed the number of children who complete treatment. An encouraging sign is the number of three year olds referred for advice to the parents in language training.

Many more children were seen in school, an average of twelve sessions a week were held—school sessions are useful in that children whose parents will not attend with them at the clinic, can be seen and there is less time wastage for both child and therapist. However, the valuable contact with the parents is nearly always forfeited. School sessions have re-started at Aldermoor, Portswood and Weston Park, but have ceased at Red Lodge, Heathfield and Harefield.



Clinics						Sessions	Attendances
East Park Terrace	...	...	...	...	...	115	587
Harefield	...	...	...	...	...	—	—
Oatlands House	...	...	...	...	...	118	750
Sydney House	...	...	...	...	...	38	195
Surrey House	...	...	...	...	...	53	335
Millbrook	...	...	...	...	...	22½	112
Swaythling	...	...	...	...	...	58	415
Bitterne Park	...	...	...	...	...	34	108
Thornhill	...	...	...	...	...	49	276
Home and School Visits	...	...	...	...	...	428½	2,915
TOTAL						916	5,693

Treatments given	...	...	...	...	...	5,195
Consultations	...	...	...	...	...	351
Check examinations	...	...	...	...	...	147
Children on register 31st December	...	...	...	...	...	786
Children discharged	...	...	...	...	...	242
Children on waiting list						
(a) for first consultation	...	...	...	...	178	
(b) for check examination	...	...	...	...	204	
					—	382
Number of pupils treated	...	...	...	...	...	656

## MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

As requested by the Department of Education and Science, arrangements were made to examine medically 49 candidates for teaching posts (15 male, 34 female) and 204 candidates applying for admission to Training Colleges (70 male and 134 female).

## HANDICAPPED PUPILS

### Visually Handicapped Children

DR. C. M. ATKINS reports:

There are fifteen blind and twenty-one partially sighted children on register. Their apparent increase in numbers is in part due to the inclusion of children whose visual handicap is a subsidiary one, the main one being their severe mental handicap. This has previously precluded them from any list of school children, as they were outside the care of the Education Department. Eleven children attend Residential School.

## DEAF AND PARTIALLY HEARING CHILDREN

DR. B. DAVIES REPORTS:

The pattern of screening services, both for the pre-school child and the school child, has remained the same in 1971 as in the previous year. In addition, large numbers of children between the ages of 2 and 4 are seen by medical officers in the Child Health Clinics because they show retardation of speech development. Most of these children have normal hearing and their speech problems are secondary to other problems, but all require careful assessment to exclude a degree of deafness.



The Nursery and Infant Units for Partially Hearing Children in the City look forward to moving to a new purpose-built unit early in 1972. The Nursery Unit at the end of 1971 contained 6 Southampton children and the First School Unit contained 14 Southampton children. There were no children attending either unit from areas outside Southampton. The Middle School Unit at Tanners Brook Middle School contained 17 children, 14 of whom were Southampton residents and the Secondary Tutorial Unit contained 15 children, 11 of whom were Southampton residents. In addition, 2 babies under 2 were receiving regular training at home prior to entering the Nursery Unit.

There are 10 children attending residential schools for the deaf and these children are divided between 3 different schools, situated at Basingstoke, Exeter and Margate. Many of these children come home frequently to spend the weekends with their parents and the Basingstoke children are able to attend as weekly boarders. There are 30 children in the City who attend their own neighbourhood schools, but who have regular help from the peripatetic teachers of the deaf, either twice a week, once a week or once a fortnight. In addition, there are 35 more children who have occasional help from the peripatetic teachers of the deaf. The overall distribution of numbers therefore is that there are 10 children at residential schools, 45 attending partially hearing units and a further 65 attending ordinary schools with help from a visiting teacher of the deaf.

There is close co-operation between all the agencies involved in caring for the deaf child—the Otologists, the School Health Service, the Teachers of the Deaf, the Careers Officers, the Child Guidance Clinic and Social Workers, both from the Social Services department and from the Children's Hospital Social Work Department.

## **Report on Delicate Children**

DR. SKINNER reports:

The total number of children registered on the Handicapped Register, as delicate, is 75. Of these, 33 are in residential schools.

In nearly all cases a report is sent from the residential school each year as to their progress, both medically and educationally. In most cases the reports were favourable. As regards cases of asthma the school may require a report as to the child's condition during their holidays and this is completed by a health visitor who visits the home. In some cases children at residential schools are seen by a Medical officer during their holidays e.g. if the parents are worried about some aspect of their education.

In addition to the above there are 215 children registered on the Observation List and at ordinary schools. These are seen annually at the school medical inspections and a check made on their progress. Their cases may be discussed with the school staffs concerned, if some adjustment may be necessary in their particular case.

The total number of delicate children registered with asthma and or eczema including those in residential school is 148. Those with endocrine disorders 5, cardiovascular disorders 17, fibrocystic disease 5, bronchitis and pulmonary T.B. 22, poor condition and neglect 19, rheumatism 4, genito urinary disease 9, incontinence 5, small stature 3, anaemia and blood disorders 6, Von Recklinghausen's disease 1, recurrent tonsillitis 2.

## **Diabetic School Children**

DR. LEBERMANN reports:

During 1971, 28 Southampton school children between the ages of five and seventeen were known to be suffering from diabetes mellitus. In addition a baby in the first year of life was diagnosed as diabetic and a ten year old boy was suffering from an allied disorder "Leucine sensitive hypoglycaemia".

One of the two girls who have been staying at diabetic hostels left school during the year having become fairly well stabilised. A thirteen year old boy was

admitted to the Church of England Hostel in Manchester in March, 1971. The main reason for the admission was his emotional disturbance, which made the control of his diabetic condition very difficult.

The remaining children were attending ordinary schools and most of them managed well. Some children experienced occasional hypoglycaemic attacks, which were well controlled by their teachers with a supply of sugar. In cases of doubt, headteachers got in touch with the children's general practitioners or with me for advice regarding the managing of these attacks.

One little boy of five years whose diabetes had been well controlled for the previous two years started getting frequent hypoglycaemic attacks after he had been in hospital for removal of his tonsils and adenoids. Unfortunately at the same time his father, to whom he was very attached, deserted the family and the child became very disturbed. The headmistress was most concerned about this little boy but with the help of the health visitor, the general practitioner and the hospital staff, the situation improved. He was subsequently referred to the psychiatrist to help his emotional troubles. The co-operation between all the people concerned certainly proved beneficial in the management of this little boy. Another boy of seven experienced some hypoglycaemic attacks at school after a bad cold, but again the teachers controlled the attacks very well with their lumps of sugar and prevented any fuss and upset. A boy of thirteen got out of control with his diabetic condition early in the year but after use of a different type of insulin "Rapitard" achieved very good control again apart from some hypoglycaemic attacks. A thirteen year old girl had a spell in hospital during the year for restabilisation, subsequently, apart from needing some extra food during the afternoon, she remained well.

The boy suffering from Leucine sensitive hypoglycaemia, after having been completely free from any attacks over the previous two years suddenly had a bad hypoglycaemic attack going into a coma at school and had to be rushed to hospital where he remained for a few days. Apart from this sudden unexpected emergency he has been getting on well at school and made average progress.

In conclusion one can confidently say that most of the children have not been handicapped by their diabetic condition in their educational progress, once they were stabilised by insulin and the correct diet. The teachers have been most conscientious and have done their best to help these children whenever there was a problem and hypoglycaemic attacks occurred, and the close co-operation between the teachers, the general practitioners, myself and the hospital staff proved very useful.

### **Educationally Sub-Normal**

DR. ATKINS reports:

The children with learning difficulties of varying degrees of severity are especially the subject of the combined concerns of doctors, teachers and educational psychologists. The picture is altered this year by the inclusion of those children previously classified as severely mentally subnormal. The welfare of these children was previously met by the Health Department and the interest and help of educational colleagues is most welcome. The Junior Training Centre was rechristened Ridgeway House School, to emphasise the change of responsibility, following the implementation of the Education (Handicapped Children) Act in April, 1971.

There is still considerable pressure on special places for children in this category and a proposed second Junior E.S.N. School, on the East side of the town, would be most welcome. Appreciation should be given to the voluntary day nursery financed and run by the Southampton Society for Mentally Handicapped Children. This venture illustrates voluntary community effort at its best. The club premises in Archers Road were altered to meet all requirements for registration as a day nursery, the running expenses (including provision of a trained matron) have been met by the Society and a specially equipped 'bus and driver have been supplied by the "Friends" of the Nursery in Warner Hudnutt's factory in Eastleigh. I have worked very closely with the nursery sub-committee, at its invitation,



selecting entrants and advising nursery staff. Mrs. Compton, the physiotherapist in our department, spends a weekly session there and Mrs. Walker, the senior speech therapist, advises as occasion requires. The nursery helpers are voluntary workers and all concerned with this venture should be warmly thanked for filling this gap in the services for mentally handicapped children. Many of the children have shown great improvement since first attending and the mothers benefit not only from some hours' relief from what are sometimes very difficult children, but from the practical advice given in discussion. In one instance, a three year old boy with multiple severe handicaps (including blindness) was unable, on admission, to sit up, to speak, to comprehend speech, or to relate to people other than his immediate family. Now, he can sit, stand with support, participate in the physiotherapist's "play exercises", enjoy human relationships, and understand and repeat some speech—including "trampoline", his favourite diversion!

Help from another section of the Community has also been invaluable—from the masters and boys in the Social Project Club of the King Edward VI Grammar School. Many very young handicapped children require individually designed items of furniture or equipment. In the case of the boy mentioned above, a play-table with a well was desirable, to avoid the continual frustration of toys, always out of sight, becoming also out of reach and therefore 'out of existence'. The members of the Social Project Club have co-operated by producing such items to specification.

At the other end of the age scale, the "After-Care Committee" continues to do invaluable work. This committee discusses final year educationally sub-normal pupils, appropriate work experience and future employment and if advisable continues this consideration until the young person's transfer to the adult employment service at eighteen years of age. The committee includes representatives from the school staff, the School Health Service, the Careers Advisory Service, the Social Service and Educational Welfare Departments. Many members have a long acquaintance with the pupil and his whole background, which is invaluable in discussing his accommodation to the adult, working world. A lengthy, supervised settling-in period is often required and many officers concerned in this field consider that the involvement of the Youth Careers Advisory Centre should extend to the age of 20, for handicapped pupils. Certainly, the suggestion made in the Department of Employment publication, "People and Jobs", that transfer to the Adult Employment Service should occur at the first change of job would be catastrophic for these adolescents, as this might well occur within a week! Whether a Youth Employment Service functions within a Local Education Authority or within the Department of Employment, there can be little doubt about the need for it, as a distinct entity.

## **Children with Epilepsy**

DR. SKINNER reports:

The number of epileptic children on the official handicapped register is 13. There were in addition 10 children where epilepsy is a subsidiary handicap. Children who were under observation only and in whom no school difficulties had arisen up to the present amounted to 84.

Of the 10 children officially registered, 4 children were at residential schools. Recent reports from the principal of the school show that in three of these there has been an improvement, not only in the reduction of the number of fits, but in behaviour. The main reason for admitting an epileptic child to a residential school is nearly always bad behaviour problems and home difficulties and a consultant psychiatrist's opinion is required, in addition to the neurologist's report. Apart from these cases every effort is made to keep children with epilepsy at ordinary schools and their cases are reviewed each year at school medical examinations. If fits should become a problem in school, the consultant concerned can be advised and the pupil's medication altered, as in a recent case, and assistance given to the teachers concerned. In this particular case this was successful.

## **Haemophiliac Schoolchildren**

DR. LEBERMANN reports:

During 1971 three Southampton schoolchildren between the ages of 5 and 13 were known to be suffering from haemophilia and one from Glanzmann's Disease, a less severe clotting defect. This little boy aged 5 started school at Easter. He has been joining in all the activities, but has had excessive bleeding after falls. The other 3 children who are suffering from haemophilia are much more severely affected. The oldest boy is progressing well at the Alton Hospital School. He had several bleeding episodes during the year, which were successfully treated with Cryoprecipitate. Little schooling was lost and he settled well although he is reported to be tired and listless. His school report was satisfactory. His younger brother who is suffering from the same disease had 3 bleeding episodes during the year, losing 3 weeks of schooling, otherwise his attendance has been good. He is unfortunately basically rather dull, and lacks alertness. It is therefore particularly important to minimise his loss of schooling to enable him to reach his already limited potential, but so far his attendance has on the whole been reasonable.

The other little boy of 5 had an excellent attendance record during the year. He wears boots to protect his ankles and has joined in all the activities. He injured his big toe during the holiday after kicking a football resulting in haemarthrosis which required 8 packs of Cryoprecipitate, and also had a massive bruise needing 2 packs of Cryo. As he previously had severe haemorrhages after tooth extractions he was taken to the Oxford Churchill Hospital to have any future extractions there. Unfortunately he has got many carious teeth, which have not been adequately treated making future extractions inevitable. Otherwise he is doing very well. He has perfect function of all the previously affected joints and the boots afford complete protection to his ankles.

In addition there is a boy of 16 who suffered from bleeding tendencies as a small child but later had normal bleeding times, however, he has been advised to have further tests before having dental extraction or any operations. There has been no trouble at school. All the haemophiliac children are affected by some degree of handicap, which is however minimised by the successful modern treatment.

## **Physically Handicapped Children**

DR. A. FRANKS reports:

There are 111 children on the physically handicapped register, but a much larger number (156) on observation.

Of the children on the register some are able to attend normal day schools, some attend special classes, whilst the more severely handicapped attend Aster House (2) or attend Residential Schools (12).

There are 22 children with spina bifida present with multiple handicaps, on the register. At Aster House children are admitted at five until the age of twelve when they either go to a normal day school or attend a residential school. At the new physically handicapped day school being built at Rownhams, they will be able to complete their education to the age of sixteen.

The combined clinic, held monthly under the chairmanship of the senior paediatrician, has been useful in deciding policy in management and advising the education authority.

Some of these children have continued to enjoy weekly horse riding in a special class run by the New Forest Branch of the Society for Riding for Handicapped Children. This is very much enjoyed by the children as well as having much physical and educative benefit.



Speech Handicapped Children

DR. DAVIES reports:

There were 40 children identified as having a speech disorder as their main handicap in 1971. The rise from 24 such children in 1970 is mainly due to a general tendency to earlier identification of handicapped children. Another 34 children are speech handicapped but have some other major handicapping condition. Provision of speech therapy for children with speech problems i.e., with defective speech or with delayed or abnormal language development, has been improved in the last year with an increase in the staff of speech therapists.

There has been an increase in the number of children identified with language disorders probably due to an increase in skills in identification of such defects, rather than to an actual increase in the number of children affected.

The 3 special infant classes and the junior E.S.N. school continue to give special help to children with speech and language problems and the speech therapists have worked closely with the teaching staffs of these schools in planning remedial programmes.

There has been particular interest during the year in a small group of pre-school children who have presented severe and bizarre language problems associated with severe emotional disturbance. All these children have made excellent progress after treatment by the speech therapists in collaboration with the Child Guidance Clinic.

CLASSIFICATION AND PLACEMENT OF HANDICAPPED CHILDREN

Examination of Physically Defective Cases

						Male	Female
Residential School for the Deaf	...	...	...			1	1
Residential School for the Physically Handicapped						2	2
Residential School for the Delicate (open air)	...					13	9
Nursery Unit for Partially Hearing	...	...	...			1	—
Partially Hearing Unit	...	...	...	...		1	—
Special Class, Ordinary School	...	...	...			6	4
Ordinary School	...	...	...	...		31	15
Deferred	...	...	...	...		48	28
Other Exams	...	...	...	...		8	3
Not Handicapped	...	...	...	...		4	5
TOTAL						115	67

Examination of E.S.N. Children

						Male	Female
Day Special School	...	...	...	...		29	25
Board Special School	...	...	...	...		7	1
Special Class, Ordinary School	...	...	...			28	11
Ordinary School	...	...	...	...		10	5
Deferred	...	...	...	...		9	3
Not Handicapped	...	...	...	...		8	2
TOTAL						91	47



## Admissions to Special Schools

Category							No. of Children
Physically Defective	...	...	...	...	...	...	33
Educationally Sub-normal	...	...	...	...	...	...	67
Maladjusted	...	...	...	...	...	...	12

These figures do not include children admitted to special classes.

## Handicapped Pupils on Register

					Official Register	Subsidiary def.	Total	Observation
Blind	...	...	...	...	10	5	15	—
Partially sighted	...	...	...	...	20	1	21	24
Deaf	...	...	...	...	13	2	15	—
Partially hearing	...	...	...	...	80	10	90	169
Delicate	...	...	...	...	68	7	75	215
Educationally subnormal	...	...	...	...	595	26	621	145
Epileptic	...	...	...	...	13	10	23	84
Maladjusted	...	...	...	...	89	3	92	120
Physically Handicapped	...	...	...	...	85	30	115	169
Speech Defect	...	...	...	...	40	34	74	73
Total No. of Children on Register					1,013			

## Handicapped Pupils in Special Schools and Homes at 31st December 1971

Category							No. of Children
Blind	...	...	...	...	...	...	8
Partially Sighted	...	...	...	...	...	...	5
Deaf	...	...	...	...	...	...	12
Partially Hearing	...	...	...	...	...	...	1
Delicate	...	...	...	...	...	...	45
Physically Handicapped (residential)	...	...	...	...	...	...	30
Physically Handicapped (day)	...	...	...	...	...	...	16
Epileptic	...	...	...	...	...	...	4
Maladjusted (residential)	...	...	...	...	...	...	49
Maladjusted (day)	...	...	...	...	...	...	25
Educationally Sub-normal (residential)	...	...	...	...	...	...	37
Educationally Sub-normal (day)	...	...	...	...	...	...	267
Assessment Classes:							
Portswood Primary School	...	...	...	...	...	...	19
Wimpson First School	...	...	...	...	...	...	16
Thornhill First School	...	...	...	...	...	...	18
Partially Hearing Units:							
Mount Pleasant First School (now Banister Deaf Unit)	...	...	...	...	...	...	22
Tanner's Brook Middle School	...	...	...	...	...	...	17
Hightown Comprehensive School	...	...	...	...	...	...	14

## SCHOOL MEALS

The total number of meals served during the year was 3,916,366.

On the 15th October 1971 when figures were supplied to the Department of Education and Science for School Meal Statistics, there were 18,470 children taking meals. The percentage of free meals was 18%.

DEPARTMENT OF EDUCATION AND SCIENCE STATISTICAL RETURNS

Year Ended 31st December, 1971

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1972: 38,360.

PART I—Medical Inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part III	Total individual pupils
1967 and later	643	643	—		15	161	170
1966	1,952	1,952	—		60	662	697
1965	1,520	1,520	—		64	585	613
1964	573	573	—		19	203	214
1963	102	102	—		7	45	49
1962	52	52	—		4	14	15
1961	59	59	—		3	21	23
1960	41	41	—		1	20	20
1959	22	22	—		2	7	9
1958	25	25	—		—	5	5
1957	223	223	—	1,311	20	61	73
1956 and earlier	527	527	—	309	92	170	233
TOTAL	5,739	5,739	—	1,620	287	1,954	2,121

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	1,721
Number of Re-inspections	...	...	...	...	...	...	3,726
TOTAL							5,447

TABLE C—INFESTATION WITH VERMIN

Notes:

All cases of infestation, however slight, are recorded, and the numbers recorded relate to individual pupils and not to instances of infestation.

- (a) Total number of examinations of pupils in schools by school nurses or other authorised persons ... 19,244
- (b) Total number of individual pupils found to be infested ... 312
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) ... 233
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) ... 1

PART II—Defects found by Periodic and Special Medical Inspection

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	150	32	22	204	183
5	Eyes						
	a. Vision	T	139	112	36	287	29
	b. Squint	T	130	9	19	158	4
	c. Other	T	24	7	6	37	3
6	Ears						
	a. Hearing	T	276	21	58	355	349
		O					
	b. Otitis Media	T	73	8	13	94	6
		O					1
	c. Other	T	28	1	3	32	24
		O					5
7	Nose and Throat	T	254	22	52	328	76
		O					47
8	Speech	T	208		14	222	26
		O					1
9	Lymphatic Glands	T	34	2	6	42	1
10	Heart	T	74	12	15	101	13
11	Lungs	T	121	41	36	198	40
12	Developmental						
	a. Hernia	T	17	—	3	20	1
	b. Other	T	87		18	105	8
13	Orthopaedic						
	a. Posture	T	18	11	6	35	1
	b. Feet	T	18	5	14	37	3
	c. Other	T	38	25	14	77	10
14	Nervous System						
	a. Epilepsy	T	20	10	3	33	15
	b. Other	T	33	6	33	72	7
15	Psychological						
	a. Development	T	75	2	9	86	157
	b. Stability	T	108	8	26	142	17
16	Abdomen	T	39	12	12	63	5
17	Other	T	144	41	39	224	319
		O					10

T = Pupils found to require Treatment  
O = Pupils requiring Observation

**PART III—Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)**

**TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	no clinics held
Errors of refraction (including squint) ... ..	—
TOTAL ...	—
Number of pupils for whom spectacles were prescribed ... ..	—

**TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ... ..	8
(b) for adenoids and chronic tonsillitis ... ..	67
(c) for other nose and throat conditions ... ..	2
Received other forms of treatment ... ..	327
TOTAL ...	404
Total number of pupils in schools who are known to have been provided with hearing aids ... ..	
(a) in 1970 ... ..	16
(b) in previous years ... ..	124

**TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been dealt with
Pupils treated at clinics or out-patients' departments	—
Pupils treated at school for postural defects ...	No clinics held
TOTAL ...	—

TABLE D—DISEASE OF THE SKIN

							Number of cases known to have been dealt with
Ringworm							
(a) Scalp	...	...	...	...	...	...	1
(b) Body	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	67
Impetigo	...	...	...	...	...	...	6
Other skin diseases	...	...	...	...	...	...	373
TOTAL .....							447

TABLE E—CHILD GUIDANCE TREATMENT

			Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinic	...	...	1,210

TABLE F—SPEECH THERAPY

		Number of cases known to have been dealt with
Number of pupils treated by Speech Therapist	...	656

TABLE G—OTHER TREATMENT GIVEN

						Number of cases known to have been dealt with
Pupils with minor ailments	...	...	...	...	...	80
Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	—
Pupils who received B.C.G. Vaccination	...	...	...	...	...	1,952
Other than above:						
(i) Rheumatism and Heart	...	...	...	...	...	—
(ii) Nervous System	...	...	...	...	...	—
(iii) Developmental	...	...	...	...	...	—
(iv) Lungs	...	...	...	...	...	—
(v) Cervical glands	...	...	...	...	...	—
TOTAL ...						2,032



## Dental Inspection and Treatment carried out by the Authority

### Attendances and treatment

First visit	...	...	...	...	...	...	...	...	5,285
Subsequent visits	...	...	...	...	...	...	...	...	8,820
Total visits	...	...	...	...	...	...	...	...	14,105

Additional courses of treatment commenced	...	...	...	...	...	...	...	573
Fillings in permanent teeth	...	...	...	...	...	...	...	9,885
Fillings in deciduous teeth	...	...	...	...	...	...	...	4,126
Permanent teeth filled	...	...	...	...	...	...	...	7,969
Deciduous teeth filled	...	...	...	...	...	...	...	3,782
Permanent teeth extracted	...	...	...	...	...	...	...	1,248
Deciduous teeth extracted	...	...	...	...	...	...	...	3,638
General anaesthetics	...	...	...	...	...	...	...	985
Emergencies	...	...	...	...	...	...	...	995
Number of pupils x-rayed	...	...	...	...	...	...	...	763
Prophylaxis	...	...	...	...	...	...	...	1,301
Teeth otherwise conserved	...	...	...	...	...	...	...	688
Number of teeth roots filled	...	...	...	...	...	...	...	35
Inlays	...	...	...	...	...	...	...	1
Crowns	...	...	...	...	...	...	...	11
Courses of treatment completed	...	...	...	...	...	...	...	4,574

### Orthodontics

Cases remaining from previous year	...	...	...	...	...	...	181
New cases commenced during year	...	...	...	...	...	...	25
Cases completed during year	...	...	...	...	...	...	119
Cases discontinued during year	...	...	...	...	...	...	—
Number of removable appliances fitted	...	...	...	...	...	...	103
Number of fixed appliances fitted	...	...	...	...	...	...	—
Pupils referred to Hospital consultant	...	...	...	...	...	...	—

### Prosthetics

Pupils supplied with Full Upper or Full Lower (first time)	...	...	...	...	...	3
Pupils supplied with other denture (first time)	...	...	...	...	...	8
Number of dentures supplied	...	...	...	...	...	17

### Anaesthetics

General Anaesthetics administered by Dental Officers	...	...	...	...	11
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### Inspections

(a) First inspection at school:							
Number of Pupils	...	...	...	...	...	...	16,333
(b) First inspection at clinic:							
Number of Pupils	...	...	...	...	...	...	4,481
Number of (a) and (b) found to require treatment	...	...	...	...	...	...	11,979
Number of (a) and (b) offered treatment	...	...	...	...	...	...	10,330
(c) Pupils re-inspected at school clinic	...	...	...	...	...	...	2,542
Number of (c) found to require treatment	...	...	...	...	...	...	1,848

### Sessions

Sessions devoted to treatment	...	...	...	...	...	2,566
Sessions devoted to inspection	...	...	...	...	...	122
Sessions devoted to Dental Health Education	...	...	...	...	...	190

# **ENVIRONMENTAL HEALTH SERVICES**

WATER

SEWAGE TREATMENT AND SEWERAGE

CEMETERIES AND CREMATORIUM

PUBLIC HEALTH INSPECTION

OFFICES, SHOPS AND RAILWAY PREMISES

SMOKE CONTROL

FACTORIES ACT



SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

Report by MR. W. G. H. TRIPP, Waterworks Engineer and Manager.

- (a) The supply of water to the area has been satisfactory, both in quality and quantity.
- (b) Regular bacteriological examinations were made of both the raw and treated water, and a summary of the results is included below:

Description of Water	Total No. of Samples	Number of samples showing probable numbers of B. Coli present in 100 ml.					
		None present	1 to 2 present	3 to 10 present	11 to 100 present	101 to 1,000 present	More than 1,000 present
Otterbourne Wells							
Raw Water	26	2	5	10	9	—	—
Treated Water	154	152	1	1	—	—	—
Twyford Wells							
Raw Water	26	26	—	—	—	—	—
Treated Water	154	154	—	—	—	—	—
River Itchen							
Raw Water	14	—	—	—	—	9	5
Treated Water	103	103	—	—	—	—	—
River Test							
Raw Water	14	—	—	—	—	5	9
Treated Water	103	98	2	3	—	—	—
Distribution							
Treated Water	821	790	4	25	2	—	—

Chemical analyses of the water were taken at each source and the average results for the water supplied are shown on the enclosed table. The Twyford source is used for the Alresford and Sutton Scotney area, and Timsbury water is no longer used to supply any part of the City, so that both of these sources should be excluded from this report.

- (c) The water supplied by the Waterworks Department is free from plumbosolvent action.
- (d) Water from all the sources is sterilised with chlorine, with the exception of the River Test Supply where chlorine dioxide is used. Water at both the river sources is subject to a process of clarification and partial softening by the use of suitable coagulating materials and lime, followed by filtration through rapid gravity sand filters.
- (e) The number of dwelling houses within the City of Southampton supplied from the public water mains as at the 31st December, 1971, was 74,903.

SOUTHAMPTON CORPORATION WATERWORKS—Southern Division

TYPICAL ANALYSES OF WATER SUPPLIED FROM THE PUMPING STATIONS

	Otter- bourne Wells	Twy- ford Wells	Tims- bury Wells	River Itchen	River Test	Totford Bore- holes
<i>General Chemical Analysis</i> (mg/l.)						
Colour (°Hazen) ... ..	<5	<5	<5	<5	<5	<5
Free Chlorine as Cl ... ..	0.12	0.04	0.02	0.04	0.03	<0.02
Combined Chlorine as Cl ...	0.09	0.05	0.05	0.06	0.07	0.03
Chlorine Dioxide as Cl ... ..	—	—	—	—	0.14	—
Free Carbon Dioxide as Co <sub>2</sub>	18	8	21	3	3	21
Free and Saline Nitrogen as N	0.01	< 0.01	<0.01	<0.01	<0.01	<0.01
Albuminoid Nitrogen as N	0.02	0.02	0.01	0.02	0.04	0.01
Nitrous Nitrogen as N ... ..	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Nitric Nitrogen as N ... ..	3.0	3.2	2.6	3.9	4.2	3.7
Oxygen absorbed from N/80 Permanganate in 4 hrs. at 27°C. ... ..	0.05	0.02	0.03	0.10	0.35	0.05
Total Alkalinity as CaCo <sub>3</sub> ...	240	200	265	145	135	230
Total Dissolved Solids (dried at 160°C. ... ..	350	310	370	260	270	330
pH ... ..	7.45	7.75	7.45	7.95	8.1	7.35
<i>Hardness</i> (mg/l.)						
Temporary Hardness as CaCo <sub>3</sub>	240	200	260	145	135	230
Permanent Hardness as CaCo <sub>3</sub>	30	35	35	35	40	25
Total Hardness as CaCo <sub>3</sub> ...	270	235	295	180	175	255
Total Hardness (°Clark) ...	18.9	16.5	21.0	12.6	12.3	17.9
<i>Mineral Analysis</i> (mg/l.)						
Calcium as Ca ... ..	104	91	114	66	72	98
Magnesium as Mg ... ..	2	2	3	2	2	2.5
Sodium as Na ... ..	11	10	13	10	10	10
Potassium as K ... ..	1	<1	1.5	1	1	1
Carbonate as Co <sub>3</sub> ... ..	144	122	161	87	88	138
Chloride as Cl ... ..	17	16	15	15	15	13
Sulphate as So <sub>4</sub> ... ..	8	8	17	14	22	6
Silicate as SiO <sub>2</sub> ... ..	15	13	15	11	11	14
Nitrate as No <sub>3</sub> ... ..	13	14	12	17	19	16
Nitrite as No <sub>2</sub> ... ..	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
Zinc as Zn ... ..	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
Iron as Fe ... ..	<0.04	<0.04	<0.04	<0.04	<0.04	<0.04
Copper as Cu ... ..	<0.04	<0.04	<0.04	<0.04	<0.04	<0.04
Lead as Pb ... ..	<0.02	<0.02	<0.02	<0.02	<0.02	<0.02
Aluminium as Al ... ..	—	—	—	0.24	0.23	—
Fluorine as F ... ..	0.14	0.12	0.36	0.16	0.16	0.16
Conductivity (micromhos/cm at 25°C) ... ..	540	470	580	380	380	500



## **SEWAGE TREATMENT AND SEWERAGE**

Report by MR. L. R. ROBERTSON, City Engineer and Surveyor.

### **Sewage Treatment**

The overloading of the Portswood Sewage Works, built about forty years ago, has for some years caused fouling of the Itchen estuary, particularly in wet weather, when overflows come into operation. In September 1971 the Council approved an outline scheme for the reconstruction of the works to treat increased flows of sewage estimated for the next 30 years. Detailed design work is proceeding and the scheme has been submitted to the Department of the Environment for approval. Construction is programmed to commence in 1973 and to be completed in 1975. During 1971 additional aeration plant at the Millbrook Works (mentioned in last year's report), was installed and commissioned, and the works is now producing a satisfactory effluent to Royal Commission standard.

### **Sewerage**

Three small sewer schemes for the elimination of cesspits, in Glen Eyre Drive, Bassett Wood Road, and Roman Road have been given approval, and work is due to start in February, 1972. New foul sewers to relieve overloading have been completed during 1971 in Swaythling, Burgess Road, Belmont Road and Sholing. New foul and surface water sewers to deal with the drainage of Bedford Place Redevelopment have been constructed. Five small schemes for the relief of storm flooding at Blighmont Crescent, Dimond Road, Bitterne Road, Taunton Drive and Swift Road have been carried out. A scheme to relieve storm flooding in the Thornhill area is under preparation.

Further schemes to lay new sewers prior to redevelopment or construction of new roads are programmed.

## **CEMETERIES AND CREMATORIUM DEPARTMENT**

Report by MR. JOHN SUTTON, M.Inst.B.C.A., Registrar of Cemeteries and Crematorium

During 1971, burials in the five Cemeteries administered by the Cemeteries and Crematorium Department decreased from 1,043 in 1970 to 955 in 1971 (excluding stillborn children).

There was a slight decrease also in the number of cremations carried out at Southampton Crematorium. In 1971, 2,780 were carried out compared with 2,845 in 1970.

Of the deaths registered in Southampton, 1,530 (79.01% of the total) were cremated at Southampton Crematorium. Despite the national fall in the death rate in 1971, the national trend towards cremation continued and 56.84% of all deaths were cremated in 1971 compared with 55.04% in 1970.

## ENVIRONMENTAL HEALTH SERVICES

Report by MR. F. SAUNDERS, Chief Public Health Inspector

The Environmental Health Services are being subjected to increasing pressure, a trend which should be welcomed as it indicates public recognition that our fields of activity have a significant contribution to make in the life of the community. The public are becoming more aware of what local authorities can or should do for their benefit and it is interesting to note that they are becoming less reticent in expressing their views. Despite the difficulties which this can create for local authority officers, public participation in local affairs should be encouraged in preference to the state of apathy which has so often prevailed in the past.

Satisfactory progress was made in the Freemantle General Improvement Area and it is in this aspect of housing work that public participation will be put to the test. Participation is essential if, in accordance with government policy, progress has to be made on a voluntary basis, but I tend to think that some degree of compulsion will be necessary in relation to environmental improvements such as rear access roads. The implementation of Housing Act powers relating to repairs can be an effective lever in securing the improvement of houses by stressing the benefits of an improvement grant in meeting some repair costs. Experience gained in Freemantle will be beneficial in planning our approach to future improvement areas.

The public should also be encouraged to demand higher standards of hygiene in food premises. Public Health Inspectors concerned with food inspection have advocated for many years an easily comprehensible method of date marking; this year date marking of perishable, short 'shelf life' goods, in order to combat the sale of stale, old and unsound foodstuffs, was a topic which made the headlines.

The report of the Milne Committee in 1966, following the Aberdeen Typhoid outbreak, was quite clear in its recommendation that the Food Hygiene Regulations should be amended as soon as possible to ensure that where cold cooked meat is displayed for sale the temperature of such a display should not exceed 4.50° Centigrade.

It was recognised that it would be impracticable to introduce the control of 'risk foods' at that temperature immediately but there seems to have been no reason why, as an interim measure, the 1970 Regulations should not have included provisions for 'risk foods' on sale to be kept at a temperature below 10° Centigrade. This would have been a breakthrough in the temperature control of food, and refrigeration has developed to such an extent in the food trade that it would have presented no difficulties. The control temperature could then have been progressively reduced to the Milne recommendation as the refrigerator manufacturers met the demands of the food trades. A start could also have been made with the comprehensive conditions which are inevitable for the temperature controls of 'risk foods' from manufacture to the point of sales display.

Food inspectors trying to improve hygiene in retail shops are unable to understand why the government should be reluctant to provide for a necessary measure of control on such important aspects of food hygiene as the prevention of the spread of food borne infections.

Noise is an aspect of Environmental Health which will become progressively more important. Each year more time is spent by the Inspectors investigating complaints and securing the abatement of nuisances. In this respect, the Public Health (Recurring Nuisances) Act, 1969, is proving most useful.

Our activities are also extending to the investigation of traffic noise. When the experimental Above Bar Pedestrian Precinct was designated, one of its main objectives was the reduction of noise from vehicular traffic. With this in mind, a series of noise level measurements was taken at seven points in and around the precinct to ascertain the results of the diversion and re-routing of traffic. The measurements were taken over periods before and after the precinct became operative and the details, including a histogram, were included in the Technical Report on the scheme. The results proved beyond doubt that there had resulted

a considerable reduction in noise levels for the benefit of people using the precinct.

I wish to express my appreciation and thanks to my colleagues for their support in a year of interesting work in environmental health which is summarised in the following report.

**Public Health Acts/Housing Acts, etc.**

Number of complaints received	...	...	...	...	...	...	1,488
Houses and premises visited or revisited	...	...	...	...	...	...	5,076
Visits re applications for rehousing	...	...	...	...	...	...	1,883
Housing Act inspections and follow-up visits included in multiple occupation	...	...	...	...	...	...	3,499
Inspections re Council Mortgages and Qualification Certificates	...	...	...	...	...	...	2,080
Inspections re Improvement Grants and General Improvement Areas	...	...	...	...	...	...	826
Visits re noise nuisance	...	...	...	...	...	...	1,037
Visits re verminous premises, common lodging houses, etc.	...	...	...	...	...	...	160
School swimming bath samples	...	...	...	...	...	...	173
Visits re infectious diseases, food poisoning, etc.	...	...	...	...	...	...	2,012
Inspection of cinemas, refuse tips, caravans and houseboats etc.	...	...	...	...	...	...	269
Drain tests and inspections	...	...	...	...	...	...	111

**Notices**

Informal notices served or verbal notice given	...	...	...	...	...	...	600
Abatement notices served	...	...	...	...	...	...	57

*Details of Work Completed*

Drains cleared or repaired, etc.	...	...	...	...	...	...	92
Sanitary units renewed or repaired	...	...	...	...	...	...	60
Defective roofs, gutters, damp walls etc. repaired	...	...	...	...	...	...	326
Floors, walls, windows, etc. repaired or renewed	...	...	...	...	...	...	279
Accumulations removed	...	...	...	...	...	...	62

*Articles Disinfected at Disinfecting Station*

Mattresses, pillows, blankets, sheets, items of clothing etc.	...	...	...	...	...	...	892
Persons cleansed	...	...	...	...	...	...	87

**Common Lodging Houses**

St. Michael's House was finally closed in the early part of the year and the Council acquired a large house which they equipped to provide accommodation for 12 old age pensioners, a Warden and his wife. Initially the pensioners were the residue of permanent lodgers from St. Michael's House who could not be accommodated in the Salvation Army Hostel for various reasons and were not suitable for Part III accommodation.

There are now only two lodging houses in the City run by the Church Army and Salvation Army. The standard of management and equipment is very high in both houses.

**Riding Establishments Act, 1964**

The only riding establishment in the City required the correction of a few minor irregularities regarding the premises; it was otherwise conducted in a satisfactory manner.

**Pet Animals Act, 1951**

The 16 licensed pet shops are conducted in a fairly satisfactory manner and minor contraventions were corrected during the course of 33 visits.



**Noise Abatement Act, 1960**

The number of complaints is steadily increasing from 124 (1969) to 137 (1970) and 165 (1971). Confirmed nuisances, however, have shown a smaller increase.

The following table shows the number of confirmed nuisances and a changing pattern of their source:

	1971	1970
Industrial ... ..	10	14
Commercial ... ..	16	29
Domestic ... ..	42	} 27
Road works, lorries etc. ... ..	6	
	<hr/> 74	<hr/> 70

Most nuisances were abated by informal action but it was necessary to serve 8 statutory notices where no progress was being made to stop recurring noise nuisances or to carry out remedial measures to diminish the noise to a reasonable level. More time is being taken up with noise complaints and 961 visits were made compared with 545 last year.

Most of the complaints were domestic in character—36 dogs barking, 28 noisy neighbours, 20 house parties and 11 concerning clubs and cafes.

**School Swimming Baths**

The large number of swimming pools attached to schools has had to mean a reduction in the sequence of water samples for examination to an average of one every other week. The majority of the 173 samples were satisfactory. An additional indoor permanent pool has been established at a Training College and this has given consistently good sample results.

**Caravans**

The position is slightly different from last year with 7 licensed sites for 15 residential caravans. The establishment of a caravan in the front garden of two houses with planning permission or a licence is subject to formal action.

**Rehousing Applications and Medical Priority Scheme**

The 954 applications for priority rehousing supported by doctors, social workers and health visitors showed an increase on 1970 of 22, but unsupported applications decreased from 60 to 39. For a variety of reasons 38 applications were cancelled after investigation, leaving 955 valid applications. In addition many cases were submitted for a second or even third time for reconsideration after the initial assessment of no priority.

It is understood that circumstances change and resubmissions always receive careful investigation and consideration.

It is interesting to compare 1970 and 1971 applications.

	1971	1970
Type of applicant:		
Council tenants ... ..	501	545
Private tenants ... ..	390	354
Owner occupiers ... ..	60	71
Living outside City ... ..	4	22
	<hr/> 955	<hr/> 992
Applications from pensioners:		
Single women ... ..	171	170
Single men ... ..	26	37
Married couples ... ..	58	94
	<hr/> 255	<hr/> 301

The applications were assessed as follows:

No priority	...	...	...	...	416	390
Alternative accommodation	...	...	...	...	535	601
Priority alternative accommodation	...	...	...	...	4	1
					<hr/> 955	<hr/> 992

On the 539 cases recommended for alternative accommodation 37 were for warden controlled accommodation and 215 for accommodation without stairs.

### Prevention of Damage by Pests Act, 1949

The number of rodent complaints continues to rise each year and last year there were 2,465 complaints compared with 2,137 in 1970 and 1,750 in 1969. Looking at this increase in more detail it is apparent that the rat infestation position is fairly static (1,562 infestations in 1969, compared with 1,505 in 1970 and 1,511 in 1971). There is no evidence of Warfarin resistance and the figures indicate a good measure of control.

Mice infestations therefore account for the considerable increase in complaints since 1969 and this is borne out by the fact that in 1969 only 509 infestations of mice were found, whereas last year's figure was 1,143.

Warfarin resistance in mice is practically 100% and in any large building the total elimination of mice is difficult if there is a heavy infestation. Nipper traps are once again proving their worth in dealing with many infestations.

### Refuse Tips

*Sea Road Tip*—Sea Road Refuse Tip was treated in February with sausage rusk and zinc phosphide. Sixty-one poison bait part takes were recorded but only 19 bodies recovered.

At the end of April further infestation was found over a wide area of this tip, and it was necessary to lay 428 baits. The same procedure as before was adopted, but the poison bait was left over the weekend and 235 part takes and 57 bodies were recorded.

*Millbrook Tip*—This tip is situated near the City boundary and no complaint of rats has been made so far.

*The Pulverising Plant, Nursling*—No complaint of rats was received from this plant. Rabbits are plentiful in the area.

### Sewage Disposal Works

*Portswood Disposal Works*—Six treatments were given for the destruction of rats during this year. In January, March, April and May slight infestation occurred and major outbreaks were treated in September and October in different parts of the works.

*Millbrook Works*—Minor rat infestations occurred and were treated during January. The rabbit problem in the works is now practically eliminated.

*Chapel Wharf*—No rat infestation was reported and no evidence of rodents was seen during inspections.

*Woolston Disposal Works*—No complaints of rats were received from Woolston Disposal Works during this year. These works are so constructed that they provide very little harbourage for rats.

### Sewers

Treatment for the destruction of rats in the City Sewer Systems has continued at four monthly intervals during this year, using fluoracetamide bait as in 1970. Every manhole showing a test bait take plus one manhole on either side, manholes



found to be infested when investigating defective house drains and manholes possibly affected were mapped for treatment.

The use of fluoroacetamide has been very effective and the position regarding infestation of the City sewers is satisfactory and under control. This can be seen by the following table:

1968—383 manholes treated—47 takes
1969—410 manholes treated—61 takes
1970—405 manholes treated—62 takes
1971—417 manholes treated—41 takes

**House Drains**

Sixteen suspect house drains were smoke tested and defects allowing the egress of rats were proved in 14 cases. Repairs were carried out by the owners in each instance.

**Schools**

Forty-seven treatments for the destruction of rodents were carried out in 37 schools, 14 for rats in school grounds and 33 for mice in school kitchens.

**Wasps**

Wasps were a constant source of trouble during the summer months and 66 complaints were referred to private contractors. Another 30 complaints in respect of Council property or because of special circumstances were dealt with by the department.

**Feral Pigeons and other Pests**

The control of pigeons has had a fair measure of success in a number of locations and a total of 2,010 birds were destroyed. Shooting accounted for 1,685 pigeons, 335 were trapped in cages and 19 eggs were also destroyed. Most of this work is done outside normal working hours by one operator who also works in his spare time on the destruction of other pests.

It is interesting to note that last year he shot 7 foxes in the City, as well as 208 wood pigeons, 69 grey squirrels and 24 rabbits.

**Other Pests**

The table below summarises work carried out during 1971.

Survey and Routine	Local Auth- ority	Business Premises	Private Dwel- lings	Bombed Sites, etc.	TOTALS
Premises inspected ...	28	51	425	71	575
Rat Infestations found ...	9	—	255	64	328
Mouse infestations found	1	1	49	5	56
<i>Complaints investigated</i>					
Number of Complaints	89	487	1,807	82	2,465
Rat infestations found ...	34	74	993	82	1,183
Mouse infestations found	54	314	719	—	1,087
No infestation ...	1	99	95	—	195
<i>Treatments</i>					
Number of treatments completed (RATS) ...	43	74	1,248	64	1,429
Number of treatments completed (MICE) ...	55	315	768	5	1,143
Number of visits made, survey and treatment	421	1,692	11,435	584	14,132

## HOUSING

Following the good start made in 1970 on the inspection of houses in the Freemantle No. 1 General Improvement Area visits continued throughout the year on a house-to-house basis encouraging owner/occupiers and landlords to take advantage of improvement grants. There is no doubt that this work takes up a great deal of time but it is absolutely essential to keep up the pressure in this type of area in order to achieve even a limited amount of success. An important factor in establishing the inhabitants' confidence in the future of such an area is the environmental improvements which are brought about by the Council. The improvements so far achieved include better street lighting, the clearance of the scrap yard in Albany Road and the closure of the western end of Albany Road. Work has also started on the provision of a children's play area and a scheme for off-street parking and garages behind Trafalgar Road.

Experience in dealing with Freemantle as the first general improvement area has shown that encouraging house repairs and improvements on a voluntary basis is a very protracted business. It is quite clear that if the majority of the 10,000 houses in Southampton which lack one or more of the standard amenities are to be fully repaired and improved in the next ten or twelve years, then there must be more publicity and compulsory measures will probably be necessary.

The number of applications for Qualification and Provisional Qualification Certificates have increased by seventeen over the past year. It is interesting to note that seventy per cent of the applications in 1970 were refused compared with thirty-three and a half per cent in 1971; this is a good indication of the sort of application which was being submitted soon after the passing of the Act when owners or their representatives were clearly not inspecting their houses before making application.

Because of the concentration of effort in the general improvement area, slum clearance played a minor role in the housing work of the city throughout the year; only twenty-six houses were represented in clearance areas and fifty-nine individual unfit houses for Closing or Demolition Orders.

Routine inspections of houses in multiple occupation continue to be carried out in those parts of the city known to contain this type of accommodation. Six hundred and thirty-one visits were made for this purpose and fifty-seven informal notices served.

In July negotiations started with a firm of exhibition organisers to mount a Home Improvement Exhibition at the Guildhall early in 1972. The exhibition sponsored by the Council was supported by the Department of the Environment and allowed commercial organisations associated with all kinds of improvements to houses to display and demonstrate their particular commodities in support of a Council stand set up to give advice and information on improvement grants.

The exhibition, in February, 1972, will start the Council's campaign to encourage owners to repair and improve their houses by means of grants.

## **CLEARANCE AREAS**

### **The Southampton (Randolph Street Nos. 1-6) Clearance Areas, 1967**

#### **The Southampton (Randolph Street) Compulsory Purchase Order, 1968**

Three further houses were demolished during the year leaving four dwellings still to be cleared.

### **The Southampton (South Front Nos. 1-3) Clearance Areas, 1968**

#### **The Southampton (South Front) Compulsory Purchase Order, 1969**

Following confirmation of the order in June 1970 rehousing of the occupants took place in the early part of the year. All nineteen houses in the order were demolished and the site cleared by the end of July.

### **The Southampton (Amoy Street Nos. 1 and 2) Clearance Areas, 1969**

#### **The Southampton (Amoy Street) Compulsory Purchase Order, 1970**

By the end of the year all but one of the families had been rehoused. The forty-seven dwellings in the order will be demolished in 1972.

### **The Southampton (Summers Street) Clearance Area, 1969**

#### **The Southampton (Summers Street) Compulsory Purchase Order, 1970**

All the families were rehoused and the seventeen houses in the order demolished.

### **The Southampton (Wolseley Road Nos. 1 and 2) Clearance Areas, 1970**

#### **The Southampton (Wolseley Road) Compulsory Purchase Order, 1970**

A Public Local Inquiry was held at the Civic Centre on 12th January, 1971, by S. J. Parnell, Esq., B.Sc., M.I.C.E., M.R.S.H., on behalf of the Secretary of State for the Environment and the order was confirmed on 19th April, 1971, with the following modification:

that the dwelling house, number 50 Wolseley Road, although unfit for habitation, should be excluded from the order because of the effect demolition would have on the adjoining property.

Eleven families were rehoused in the year. The remaining three families will be rehoused in 1972 and demolition of the fourteen houses in the order will follow. The clearance site, surrounded by the Freemantle No. 1 General Improvement Area, has been allocated for residential redevelopment.

### **The Southampton (Radcliffe Road) Clearance Area, 1970**

#### **The Southampton (Radcliffe Road) Compulsory Purchase Order, 1970**

As a result of objections to the order a Public Local Inquiry was held on 16th February, 1971, by T. H. Clayton, Esq., Dip.T.P., A.R.I.B.A. The Secretary of State for the Environment confirmed the order on 22nd April, 1971, with the following modifications:

- (1) that reference numbers 23, 25, 26 and 28 be transferred from Part I to Part III of the order;
- (2) that reference numbers 63, 64, 65, 66, 67, 68, 69, 70 and 71 be transferred from Part II to Part III of the order;
- (3) that reference number 72 be excluded from the order.

Forty families had been rehoused by the end of the year.

### **The Southampton (Dukes Road) Clearance Area, 1971**

#### **The Southampton (Dukes Road) Compulsory Purchase Order, 1971**

Formal representation of the clearance area was made on 8th January, 1971 and included fifteen unfit houses. A compulsory purchase order was made on 15th July, 1971, incorporating these houses and, in addition, three dwellings which were considered to be not unfit for habitation.

As a result of objections to the order a public inquiry will be held in January, 1972.



**The Southampton (Priory Road) Clearance Area, 1971**  
**The Southampton (Priory Road) Compulsory Purchase Order, 1971**

Eleven unfit houses in the clearance area, represented on 8th January, 1971, were included in a compulsory purchase order made on 20th July, 1971, with the addition of two dwellings which were considered to be not unfit for habitation.

Objections have been made regarding certain properties and a public inquiry will be held in January, 1972.

**Individual Unfit Houses**

During the year thirty-seven houses were demolished. Of these, fifteen were Demolition Orders, ten were Closing Orders, seven were unfit houses owned by the Council and five were demolished following undertakings given by owners.

In respect of the seventeen houses represented at the end of 1970 the Council made ten Demolition Orders, six Closing Orders and one Closing Order for part of a building.

During 1971 eleven houses and a part of two other houses, subject to Closing Orders, were made fit for habitation and the orders determined under section 27 of the Housing Act, 1957.

Representations in accordance with section 16 of the Housing Act, 1957 were made in relation to fifty-nine houses and the following decisions made:

- 15 Demolition Orders
- 23 Closing Orders
- 6 Closing Orders for parts of buildings
- 2 Undertakings accepted that houses would either be made fit or not be used for human habitation.

The orders have not yet been made in respect of the thirteen remaining houses.

There were also twenty-seven local authority owned houses which were certified as being unfit for human habitation during the period under review.

**HOUSING ACT, 1957, PARTS II and III**

A summary showing the number of houses dealt with from 1953 to 1971

(1) Number of houses included in clearance areas	...	...	...	2,850
(2) Number of houses outside clearance areas	...	...	...	458
(3) Number of houses demolished in (1) and (2)	...	...	...	3,117
(4) Number of individual unfit houses demolished	...	...	...	877
(5) Number of individual houses closed or awaiting demolition	...	...	...	186

**HOUSING ACT, 1969, PART II**

*Freemantle No. 1 General Improvement Area—position at 31st December 1971:*

(1) Number of houses inspected (including self-contained flats)	...	504
(2) Number of houses with all standard amenities and in good repair	...	279
(3) Number of houses with all standard amenities but not in good repair	...	61
(4) Number of houses without one or more of the standard amenities	...	164
(5) Grant applications approved	...	38
(6) Grant works completed	...	14

**HOUSING ACT, 1969, PART III**

Qualification Certificates:

(1) Applications received	...	154
(2) Applications granted	...	61
(3) Applications refused.	...	51

Provisional Certificates:

(1) Applications received	...	145
(2) Applications granted	...	62
(3) Applications refused	...	11



## FOOD INSPECTION

The inspection of home-killed and imported meat and premises involved 1,296 visits to wholesale meat depots, butchers shops and meat manufacturing premises. Unsound meat and offal amounting to 8 tons 19 cwt. 49 lb. (9116 kg) were voluntarily surrendered and destroyed.

Under the Imported Food Regulations, 478 notifications were received from various Port Health Authorities of foodstuffs, principally meat and offal in sealed containers, passing without inspection through their ports to destinations in Southampton.

Following the inspection of animal casings at a local factory 42 export certificates were issued.

As a result of 2,163 visits of inspection the following articles of food found to be unfit for human consumption were voluntarily surrendered and destroyed.

				Tons	Cwt.	lb.
Canned food	...	...	...	9	1	21
Fish	...	...	...	1	14	93
Fruit	...	...	...	40	12	94
Vegetables	...	...	...	34	17	98
Meat and offal	...	...	...	8	19	72
Frozen Foods	...	...	...	1	14	56
Miscellaneous	...	...	...	3	0	45
				100	1	31
				101 536 kg		

## FOOD COMPLAINTS

Complaints concerning unsatisfactory food and containers numbered 230. Many of the complaints were of a minor character but they all required careful investigation involving 722 visits.

In most instances it was possible to deal with the complaints in an informal manner. Legal proceedings were taken in the following cases:

Mouldy sponge cake	Fined £25
Mouldy steak and kidney pie	Fined £25
Mouldy sausage roll	Fined £30
Mouldy fruit cake	Fined £25
Brie cheese infested with larvae	Fined £25
Milk bottle not properly cleansed	Fined £10
Viennese tart containing larvae	Fined £25
Mouse excreta in bread	Fined £75

One letter of warning was sent by the Town Clerk on the instructions of the Health Committee.

## Milk Supply

The three dairies in the City have H.T.S.T. pasteurising plants and in addition, the largest dairy has a U.H.T. plant. A creamery is also attached to this dairy.

The following licences under the Milk (Special Designation) Regulations were in operation in the City:

Pasteurised	...	...	...	...	3
U.H.T.	...	...	...	...	1
Dealers (pasteurised)	...	...	...	...	278
Dealers (sterilised)	...	...	...	...	12
Dealers (U.H.T.)	...	...	...	...	57

For sampling purposes and the inspection of premises and plant 393 visits were made to dairies and 378 samples submitted to the Public Analyst. These samples included 44 Channel Islands Milk and 222 samples taken for the detection of antibiotics. One sample contained 0.05 international units of penicillin.

The following samples of designated milks were submitted to the Public Health Laboratory for the appropriate tests:

- 219 Pasteurised milk
- 11 Sterilised milk
- 18 U.H.T. milk

No untreated milk was sold in the City. Five samples of pasteurised milk failed the methylene blue test and one sample failed the phosphatase test. These failures were investigated and further samples were satisfactory.

Forty washed bottles and rinses from eight washed milk churns were submitted to the Public Health Laboratory for bacteriological examination and all were classed as satisfactory.

In connection with an investigation into the incidence of Enteric, Salmonella or Brucella organisms in cream, 62 samples of cream were submitted to the Public Health Laboratory. All samples were found to be heat treated and no adverse reports were received.

Seventeen samples of goats milk were submitted to the Public Laboratory for the detection of Brucella or Salmonella. All samples were satisfactory.

Ice Cream

Premises are registered by the Council under the Food and Drugs Act, 1955, for the sale, manufacture or storage of ice cream and under the Southampton Corporation Act for changes of occupiers and self-employed operators of ice cream vans.

The register at the end of the year was as follows:

Manufacturers (hot mix method)	...	...	...	...	1
Manufacturers (cold mix method or soft ice cream machine)					8
Depots and storage	...	...	...	...	4
Vendors	...	...	...	...	681
Self employed operators of ice cream vans	...	...	...		46
					<hr/> 740 <hr/>

A total of 213 visits was made to ice cream premises. Three samples of ice cream were submitted to the Public Analyst, two of which were unsatisfactory. As a result of these unsatisfactory samples legal proceedings were taken against a company supplying ice cream powder, which was deficient in fat, and a fine of £25 was imposed.

Eighty-seven samples were submitted to the Public Health Laboratory with the following results:

			Vans	Premises
Provisional Grade One	...	...	24	24
Provisional Grade Two	...	...	4	4
Provisional Grade Three	...	...	6	7
Provisional Grade Four	...	...	14	4

The unsatisfactory samples were followed up, advice given and further samples were taken.

In one instance a company was required by the Health Committee to show cause why the registration of their company to manufacture ice cream should not be cancelled, in accordance with Section 19 of the Food and Drugs Act, 1955. The Committee accepted an undertaking, made by the Company, that no further ice cream would be manufactured until the premises were brought up to the required standard.

**Sampling—Food and Drugs Act, 1955**

During the year 1,204 samples were taken for analysis. The following table shows the number of samples taken in each group of articles and whether satisfactory or otherwise. A summary of unsatisfactory samples also follows:

Articles	Formal	Informal	Not Satisfactory
Baking powder and raising agents ... ..	—	4	—
Butter, margarine, cooking fats, cheese, etc.	31	19	2
Cereals ... ..	2	29	—
Condiment sauces, etc. ... ..	—	32	—
Drugs ... ..	4	63	2
Flour, cake mix, bread, biscuits, etc. ... ..	2	62	—
Fruit, fruit juices, vegetables, nuts, etc. ...	12	128	1
Fish, meat and meat products ... ..	57	85	8
Herbs and spices ... ..	—	21	—
Marzipan, preserved and dried fruit ... ..	10	22	—
Milk, liquid, canned and dried ... ..	196	244	7
Sugar, confectionery, ice cream, etc. ... ..	3	16	5
Preserves, honey, etc. ... ..	15	25	—
Soft drinks ... ..	6	31	—
Tea, coffee, cocoa ... ..	5	26	—
Wines, spirits and beer ... ..	20	22	1
Cream ... ..	8	4	—

## Summary of Unsatisfactory Samples

Sample No.	
64	A formal sample of margarine deficient of Vitamin A. Vitamin A not more than 275 International Units per one ounce. Stocks withdrawn from sale.
167	An informal sample of Margarine deficient of Vitamin A. Vitamin A not more than 475 International Units per one ounce. Stocks withdrawn from sale.
148	An informal sample of Sherry Chocolates deficient of ethyl alcohol. Ethyl Alcohol not more than 1% by weight or not more than 2% expressed as proof-spirit. Manufacturer informed and vendor advised regarding storage of product.
276	A formal sample of Vodka deficient of proof spirit. Proof spirit not more than 57.7%. Health Committee instructed the Town Clerk to send a letter of warning having regard to the special circumstances of this case.
326	An informal sample of Pea with Ham Dry Soup Mixture bearing a misleading label. Manufacturer agreed to alter the label which pictorially gave a wrong impression.
375	An informal sample of Pea with Ham Dry Soup Mixture bearing a misleading label. Manufacturer agreed to alter the label which pictorially gave a wrong impression.
365	A formal sample of Channel Island Milk deficient of milk fat. Milk fat=3.90%. Vendor informed and advice given.
423	A formal sample of milk deficient of milk fat, milk fat=2.60%. Vendor informed and advice given.
428	A formal sample of milk deficient of milk fat. Milk fat= 2.50%. Vendor informed and advice given.
441	A formal sample of Ham Fritter wrongly described and containing an undeclared ingredient, namely Soya Flour. Manufacturer agreed to alter name of product and amend label.
466	An informal sample of Ham Fritter wrongly described and containing an undeclared ingredient, namely Soya Flour. Manufacturer agreed to alter name of product and amend label.
489	A formal sample of milk deficient in milk fat. Milk fat=2.35%. Vendor informed and advice given.
566	An informal sample of Minced Beef and Gravy deficient of meat. Meat content not more than 65%. Manufacturer has altered production method to ensure correct standard.
573	An informal sample of Stewed Steak with Gravy deficient of meat. Manufacturer has altered production method to ensure correct standard.



Sample No.	
831	An informal sample of Canned Fillets of Anchovy in Oil containing an excessive amount of lead. Lead content 12 p.p.m. The lead content should not exceed 5 p.p.m. Importers were informed and they contacted the canners in Spain.
908	A formal sample of Ice Cream deficient of fat. Fat content 0.1%. Ice cream should contain at least 5.0% of fat. Vendor warned. Ingredients being investigated. See sample no. 1039.
909	A formal sample of Ice Cream deficient of fat. Fat content 0.1%. Ice Cream should contain at least 5.0% of fat. Vendor warned. Ingredients being investigated. See sample no. 1039.
978	A formal sample of Pea with Ham Dry Soup Mixture bearing a misleading label. Manufacturer agreed to alter the label. See samples nos. 326 and 375.
1039	A formal sample of Ice Cream powder which was deficient of fat. Fat content not more than 3.5%. Legal proceedings instituted. Fine of £25 imposed.
1054	An informal sample of Cherry Bark Syrup containing an insoluble substance. Manufacturer informed. Stocks withdrawn from sale.
1090	An informal sample of dried fruit mixture dried up. Vendor warned. Old stocks removed from sale.
1105	An informal sample of milk containing 0.05 International Units of penicillin. Vendor informed. Follow up samples were free of penicillin.
1123	An informal sample of Cherry Bark Syrup containing an insoluble substance. Manufacturer informed. Stocks withdrawn from sale.
1147	An informal sample of Blue Colouring Powder consisting of a mixture of Blue V.R.S. and Violet B.N.P. Blue V.R.S. is no longer permitted for use as a food colour. Vendor informed. Stocks withdrawn from sale.
1191	A formal sample of milk deficient of milk solids, other than milk fat, containing extraneous water. Vendor warned. Follow up samples were satisfactory.
1192	A formal sample of milk deficient of milk solids, other than milk fat, containing extraneous water. Vendor warned. Follow up samples were satisfactory.

**Food Hygiene (General) Regulations, 1970**

The number of food premises subject to these regulations is set out below:

Bakehouses and food factories	...	...	...	24
Fishmongers, greengrocers	...	...	...	93
Works, shops and office canteens	...	...	...	68
Wholesale meat factories and depots	...	...	...	17
Wholesale grocers and fruiterers	...	...	...	27
Butchers	...	...	...	110
Fish friers	...	...	...	50
General food shops, sweet shops	...	...	...	672
Cafes, restaurants	...	...	...	193
Public houses, hotels, guest houses	...	...	...	438
School kitchens	...	...	...	78

The inspection of licensed premises, clubs, hotels, boarding houses, restaurants, cafes and school meals establishments accounted for 1,709 inspections and a further 268 inspections were carried out of bakehouses, food factories and canteens. Wholesale meat, fruit and vegetable shops and grocers accounted for 1,579 visits and butchers, fish friers and general food shops received 1,440 visits and inspections.

The following items of work required under the regulations were carried out as a result of an informal approach:

Food rooms decorated, cleaned and repaired	...	147
Lighting or ventilation improved	...	32
Sinks provided or renewed	...	17
Washing facilities provided for staff or customers		23
Sinks or wash hand basins provided with hot water		23
Sanitary accommodation provided in cafes etc. for customers	...	4
Sanitary accommodation provided for staff	...	4
Sanitary accommodation cleansed, repaired, improved	...	56
Counter protection or working surfaces improved		53
Yard surfaces improved	...	6

A total fine of £225 under the Regulations against a well known firm of bakers with a large bakehouse in the City was the heaviest penalty imposed for a number of years. The firm had been warned of a general deterioration in the condition of their premises and when the larva of a flour moth was found in a Viennese Tart it was decided to take the matter to court. The summons in respect of the tart under the Food and Drugs Act, 1955, Section 2, was proved and a fine of £25 imposed and of the nine summons under the Regulations six were successful, one was withdrawn and two were dismissed.

**Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966**

A total of 629 visits were made in connection with Kingsland Market, vehicles and staffs.

Keeping a check on this type of trading involves considerable time spent in locating and inspecting vehicles. Some traders remain in business for only a short period and there is a constant change about of vehicles.

Works carried out as the result of notices served:

Hand washing facilities provided	...	3
Stalls and vans improved	...	20
First Aid equipment provided	...	4
Food protection provided	...	1

### **The Liquid Egg (Pasteurisation) Regulations 1963**

There are no egg pasteurisation plants in Southampton and no samples were taken during the year.

### **Poultry Inspection**

There are no poultry processing premises in the City.

### **Salmonella in Pet Food**

Twenty-seven samples of meat from pet shops were submitted to the Public Health Laboratory. Salmonella organisms were found in five samples.

Two of the samples affected with Salmonella were cooked meat from a knackers yard. This indicates that the meat had not been satisfactorily sterilised, and the information was passed to the appropriate local authority.

### **Fertilisers and Feeding Stuffs Act 1926**

Thirty-four samples were taken for examination. Six of these samples were of animal feeding stuffs taken at a local mill which has now ceased operations. All six samples were satisfactory.

Twenty-eight samples of fertilisers were satisfactory.



## **AIR POLLUTION CONTROL**

### **General**

Under the provisions of the Clean Air Acts, 1956 and 1968, 623 visits were made, excluding those in connection with smoke control which are reviewed below. These visits relate to the investigation of complaints, smoke observations and control or advisory visits in relation to the installation or alteration of furnaces and erection or replacement of chimneys.

It was not found necessary to take formal action in respect of any contravention and informal advice and warnings resulted in the necessary improvements. For instance, 27 contraventions in relation to the emission of dark smoke from chimneys under Section 1 of the 1956 Act and 17 cases of dark smoke emissions from trade premises under Section 1 of the 1968 Act were dealt with in this way.

There continue to be some difficulties in connection with dark smoke emission from trade premises caused by burning waste and scrap especially in the scrap car trade. Constant inspection and advice has reduced the problem to a minimum but economic and other problems in the scrap car trade are still under discussion with a view to a final satisfactory solution.

Under the provisions of the 1958 Act, Section 6, relating to the control of the height of the chimneys, approval was given in five cases, four to be used with oil and one gaseous fuel. One of these was initially not satisfactory but subsequently a revised application for a chimney of increased height and with the use of lighter fuel oil was approved.

In a further 13 cases proposals to construct chimneys which were exempt from the provisions of the 1968 Act were considered and all proved satisfactory.

## **SMOKE CONTROL AREAS**

The year began with all the eight operative Smoke Control Orders suspended until 31st March due to the national shortage of solid smokeless fuel. Fortunately as solid smokeless fuel plays a minor role in smoke control in the City, the effects of this suspension on atmospheric conditions appear to have been minimal.

In July the No. 10 (Shirley) Smoke Control Order came into operation and in the following month the No 11 (Shirley No. 2) Smoke Control Order was confirmed. This latter confirmation had been delayed by an individual objection which resulted in a local inquiry being held in May at which the objector failed to appear. This waste of time is regrettable.

The No. 12 (Upper Shirley) Smoke Control Order was made in September and confirmed in November.

Work of conversion continued in the No. 9 (Freemantle) Area integrated as far as possible with improvements in connection with the General Improvement Area and work to fireplaces got under way in areas 11 and 12.

A total of 4,445 visits were made in connection with smoke control during the year and 396 estimates for the approval of expenditure and 351 claims for the payment of grant were dealt with.

## **MEASUREMENTS OF AIR POLLUTION**

Measurements continue at five sites in the City in connection with the co-operative investigation conducted by the Warren Spring Laboratory of the Department of Trade and Industry. Four sites are operated by the Council at Kings Park Road, the old Shirley Library, Eastern Docks and Cobden Avenue and the other, sited at Central Bridge, is one of a series operated by the Central Electricity Generating Board to monitor any variation in air pollution levels as a result of the commissioning of Fawley Power Station.



The results in 1970-71 show a fall in the amount of smoke recorded compared with last year and continue the recent trend. One of the lowest of the figures was at the measuring site in the City centre and almost certainly reflects the advantage gained from the smoke control programme. On the other hand the results for sulphur dioxide at three of the four sites were higher than in the preceding year, and this underlines the problem of achieving a reduction in SO<sub>2</sub> concentrations as long as fuels with high sulphur content are used, however efficient combustion may otherwise be.

## **OFFENSIVE TRADES**

Consent to carry on offensive trades was granted in respect of 6 dealers in rags, one bone dealer and one large factory carrying on gut scraping, edible fat melting and inedible fat extraction. All the dealers' premises were satisfactory but the position regarding the animal by-products factory continued to cause concern.

The operation at Millbrook of the animal by-products factory has given rise to odour nuisances every year since it was opened in 1962 and there is a long history of complaint and litigation. At the end of 1970 the Council again refused further consent under Section 107 of the Public Health Act, 1936, for the trade of inedible fat extraction which is the principal source of the nuisance. The company successfully appealed against this decision in January and the Magistrates granted a licence until the end of March.

The Council subsequently renewed consent at three monthly intervals but in September gave consent for six months during the winter of 1971-72 as this is a time when nuisance is normally minimal. During this period they sought counsel's opinion on alternative legal remedies open to the Council to control offensive odours from the factory. The main reason for seeking this opinion was the deteriorating position during the summer of 1971 which was a period when both complaints and nuisances recorded on regular visits by Public Health Inspectors were higher than for several years.

At the end of the year a comprehensive report on the difficulties experienced with this offensive trade was submitted to the Working Party on the Suppression of Odours from Offensive and Selected other Trades which was set up by the Department of the Environment. The object of this committee is to produce a manual of current best practice on odour abatement and to indicate where further research and development is required. The necessity for this committee reflects the growing problem throughout the country associated with offensive trades.

During the year 797 visits were made in respect of offensive trades, largely in connection with the animal by-products factory.

## **HAIRDRESSERS' PREMISES**

The Southampton Corporation Act, 1937, requires persons carrying on the business of hairdressing to register their premises with the Council, and Byelaws made under the Act control the cleanliness of the premises.

There are 159 Ladies' and 82 Gentlemen's hairdressing businesses on the register, a small proportion being combined.

In connection with this Act, 203 visits have been made, but in addition, many have been made in conjunction with the Offices, Shops and Railway Premises Act. The general standard of the premises has been found satisfactory.

## **SHOPS ACT, 1950**

The number of visits made was 468, many of these combined with visits under the Offices, Shops and Railway Premises Act and the Food Hygiene Regulations.

Informal warnings were given on 55 occasions, these being related in 42 instances to the employment of assistants, and in 13 cases to infringements in connection with Sunday trading.

It was not found necessary to take any formal action during the year.

## **PHARMACY AND POISONS ACT, 1933**

The duties of the Department are concerned with the supervision of the sale of scheduled poisons in Part II of the Poisons List in shops other than chemists employing qualified pharmacists. These poisons are contained in such products as household disinfectants, weed-killers, agricultural and horticultural insecticides, hair colouring preparations and descaling compounds. Visits are made to control labelling for sale, storage, containers and other matters.

The number of inspections under the Act was 48. There were eight applications during the year for entry on the Register under Part II of the Act. The number of premises on the Register at the end of the year was 113, 5 less than the previous year.

## **RADIOACTIVE SUBSTANCES ACT, 1960**

There are twenty-five certificates effective to keep and use radioactive substances on or in connection with sixteen premises in the City. On receipt of each notification from the Department of the Environment, other departments who may be affected, namely Police, Fire, Water and Engineering are notified.

During the year three new certificates were received.

## **RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

There are 13 premises registered under the Act to use filling materials.

There are no premises licensed to manufacture or store flock.

Six formal samples of filling materials were taken and submitted to a prescribed analyst. Five were satisfactory but one sample of unused woollen felt had a higher amount of chlorides present than that permitted. This result was confirmed by analysis of the third part of the sample at the request of the manufacturer, who was warned informally regarding this offence.

Four informal samples comprising a stuffed toy, pillow, cushion and filling material sold retail to the public were all satisfactory.

Fourteen visits were made to registered premises during the year.

## **CONSUMER PROTECTION**

### **The Toys (Safety) Regulations, 1967**

Fourteen informal painted toy samples were obtained during the pre-Christmas period and submitted for analysis of paint for toxic metals. On four of these the paint was found to contain a considerable excess of lead and concern was caused by the fact that some of the unsatisfactory toys were sold by a large reputable British toy company and were of British manufacture.

Checks of toys in use by the Child Guidance Clinic of the Department revealed other toys with high lead content in the paint, including one only recently bought from another British manufacturer.

In view of the findings of excess lead in these painted toys, statements were made to the local press and television as to the possible danger to small children who were habitual toy suckers and chewers. Facilities were offered to local residents to check any toys brought to the Health Department and in all 56 persons brought a total of 90 toys or parts thereof for examination.

Of these 81 were satisfactory but 9 had lead levels above the 5,000 p.p.m. permitted by the Regulations and in each of these cases enquiries were made to trace the source. Three were Chinese, 2 Bulgarian, 2 British and 2 of unknown origin. Except in the cases where the toys were found to have been made before the Regulations came into force, appropriate enquiries were made. The remaining stocks of similar toys were withdrawn from sale by retailers and wholesalers who were co-operative in this respect.

*(The following appendix is included at the request of the Department of Employment)*

**Annual Report of the Medical Officer of Health in Respect of the year 1971 for the City of Southampton in the County of Hampshire**

Prescribed Particulars on the Administration of the Factories Act 1961

I. INSPECTIONS for purposes of provisions as to health (including inspection made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of:		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	26	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	866	415	11	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	15	2	—	—
TOTAL ...	907	420	11	—

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three, or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Wants of cleanliness (s. 1)...	—	—	—	—	—
Overcrowding (s. 2) ...	—	—	—	—	—
Unreasonable temperature (s. 3) ... ..	—	—	—	—	—
Inadequate ventilation (s. 4)	—	—	—	—	—
Ineffective drainage (s. 6) ...	—	—	—	—	—
Sanitary Conveniences (s. 7)					
(a) Insufficient ... ..	—	1	—	—	—
(b) Unsuitable or defective	16	41	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
TOTAL ...	16	42	—	2	—



**OUTWORKERS** (Section 133 and 134)

The Factories Act, 1961, requires that factory occupiers and contractors shall send copies of lists of outworkers employed in certain classes of work to the district council in February and August of each year. Lists were received as follows:

Month	No. of lists sent in by			No. of Outworkers notified			No. of Outworkers notified to other Local Authorities
	Local firms	Other Local Authorities	TOTAL	Local firms	Other Local Authorities	TOTAL	
February	2	1	3	3	11	14	4
August	1	2	3	3	14	17	5

Eight visits were made to outworkers' premises. No cases were found of home-work being carried on in unwholesome or undesirable premises.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

(a) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices ... ..	45	962	280
Retail shops ... ..	108	1,401	652
Wholesale shops, warehouses ...	5	181	70
Catering establishments open to the public, canteens ...	7	277	277
Fuel storage depots ... ..	1	11	11
TOTALS ...	166	2,832	1,290

The total number of visits of all kinds to registered premises was 2,777.

The total number of persons employed in registered premises is calculated to be 26,984.

(b) Analysis of Contraventions

Section	Number of contraventions found								
4	Cleanliness ... ..	...	...	...	...	...	...	...	17
5	Overcrowding ... ..	...	...	...	...	...	...	...	2
6	Temperature ... ..	...	...	...	...	...	...	...	6
7	Ventilation ... ..	...	...	...	...	...	...	...	27
8	Lighting ... ..	...	...	...	...	...	...	...	30
9	Sanitary conveniences	...	...	...	...	...	...	...	27
10	Washing facilities ...	...	...	...	...	...	...	...	37
11	Supply of drinking water	...	...	...	...	...	...	...	1
12	Clothing accommodation	...	...	...	...	...	...	...	4
13	Sitting facilities ...	...	...	...	...	...	...	...	1
15	Eating facilities ...	...	...	...	...	...	...	...	2
16	Floors, passages and stairs	...	...	...	...	...	...	...	52
17	Fencing exposed parts machinery	...	...	...	...	...	...	...	45
24	First aid ... ..	...	...	...	...	...	...	...	53
	Other matters ... ..	...	...	...	...	...	...	...	128
	TOTAL ... 432								

(c) Analysis of Reported Accidents

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to the public, canteens	Fuel storage depots
Machinery ... ..	2	6	4	3	—
Transport ... ..	—	1	1	—	—
Falls of persons ... ..	11	18	2	7	—
Stepping on or striking against object or person	—	4	2	1	—
Handling goods ... ..	5	21	3	8	—
Struck by falling object ...	1	1	—	1	—
Use of hand tools ... ..	—	7	1	—	—
Not otherwise specified	5	4	—	8	—
TOTAL ... ..	24	62	13	28	—

A successful prosecution for failing to properly maintain a lift resulted in a firm being fined £100 under the provisions of the Hoists and Lifts Regulations. The proceedings were a sequel to an accident at a local store when a 15 year old porter had his left foot crushed because it protruded through a gap in the lift cage gate which had some broken mid bars.

It was noticeable during the year that more notifications of lift examinations were being received.

An interesting point arose due to an apprentice lift fitter damaging two fingers in the Vee belt of lift operating machinery whilst working in the lift motor room of a large block of offices. Apparently he was working on No. 1 lift motor which was properly switched off but as he passed No. 2 lift motor he stumbled and put out his hand to steady himself and it was caught between the Vee belt and pulley. It was not appreciated until this accident happened that it was necessary to guard machinery in the lift motor room although it was kept locked and the key held by a responsible person.

The leaflet 'The Safe Use of Food Slicing Machines' was well received and should prove to be a useful aid measure in the prevention of accidents.

In connection with mechanical handling of goods in warehouses there have been no difficulties which have not been readily dealt with and the wholesale fruit warehouse fork lift trucks are now provided with safety cages.

# PORT HEALTH





## PORT HEALTH SERVICE

DR. ANGUS MCGREGOR, Port Medical Officer

The number and tonnage of ships entering the port in 1971 was greater than in the previous year, and there was a considerable increase in the quantity of imported foodstuffs.

The Public Health (Ships) Regulations, 1970, came into operation on 1st January, 1971, replacing the 1966 regulations and making the following main changes:

1. A new format is prescribed for international certificates of vaccination against smallpox, cholera and yellow fever.
2. The former quarantinable diseases are to be referred to in future as 'diseases subject to International Health Regulations', and reduced to four, plague, cholera (including El Tor infections), yellow fever and smallpox (including alastrim).
3. 'Free pratique' means permission for a ship to disembark and commence operations, and is health clearance granted by an authorised port health officer or by a customs officer.
4. Ships which meet ships from foreign ports outside the excepted area are brought within the ambit of the Regulations, and must complete a Maritime Declaration of Health on returning to the home port.

New health regulations for aircraft came into operation at the same time as the new ships regulations.

The mooring stations were altered during the year, with the concurrence of Customs and Harbour Authorities.

The pattern of infectious diseases arriving in Southampton was similar to that occurring in previous years. Measles and chickenpox continued to be common on the long distance passenger ships from Australia and New Zealand carrying returning immigrants and their families.

The spread of cholera to North Africa and later to Spain and Portugal caused concern in view of the car ferry services and cruise ships arriving from Morocco, Spain and Portugal. Many holidaymakers from these countries also arrived on cross-Channel car ferries. Delay in health clearance of these ships was minimised with the co-operation of ships' staffs who provided lists of passengers at risk and not holding certificates of vaccination against cholera. Much work was involved in sending to medical officers of health the names and addresses of passengers concerned.

One serious outbreak of gastroenteritis occurred on a ship cruising off Dakar (West Africa), 200 passengers being affected after eating a 'seafood' cocktail. The symptoms which came on some 10 hours later were mainly vomiting and to a lesser extent diarrhoea. Several passengers were quite seriously ill. Extensive investigations were made when the ship docked at Southampton. Bacteriologically, no conclusive result was obtained, but the method of preparing this foodstuff in a tropical climate appeared to be unsatisfactory. After discussion with the chief medical officer of the company concerned a talk was given on board to the Senior Catering Staff.

The arrival of cases of dengue in the port is rare, but two cases with a possible third were reported from the Army Transport 'Sir Geraint'. They were seen by the Port Medical Officer on arrival, and admitted to a Military Hospital.

In February the condition of many fresh meat imports from Europe was unsatisfactory and deferred examination of fresh beef was refused. When examination on arrival was insisted upon, the trade rapidly diminished, and by the end of the year was non-existent at Southampton.

Unit loads, pallets, containers and roll-off roll-on vehicles continued to arrive in increasing numbers. Over 96% of containers and vehicles containing foodstuffs were presented for clearance at the port, just over 3% requesting deferred examination to inland container depots or elsewhere. There are good grounds for believing that examination and clearance on entry may be quicker than deferred examination, which requires the making of satisfactory arrangements in advance with the authority of the receiving area. Pressure on the inspectorial staff was lessened with the appointment of two more Port Health Inspectors in July.

There were several cases of illegal importation of animals—dogs, a cat, and a monkey. Where it appeared that the responsible persons were well aware of the legal requirements, they were prosecuted.

### **Contents of Report**

The report of the Chief Port Health Inspector is followed by sections required by the Department of Health. Some supplementary material dealing with other aspects of the work of the Service is also included.

# REPORT OF THE CHIEF PORT HEALTH INSPECTOR

MR. T. BORROWS

## Food Inspection

An examination of a new importation of Guernsey cooked crabmeat and cooked escalopes showed high and multiple bacterial activity. Communication with the Guernsey Health Department caused an examination of the processing factory to be made. The premises turned out to be a converted boys holiday camp. Although conversion works were still in progress nonetheless the factory was in operation in advance of the optimum hygienic requirements. About  $1\frac{1}{2}$  tons of crabmeat per day was being handled by as many as thirty-four employees, principally female of mixed age, class and character. With imperfect structural hygiene personal hygiene was particularly important.

The Guernsey Health Authorities went to great lengths to try to institute personal hygienic practices by daily visits, hygiene education, display of posters, a regular programme of hand washing and screening of employees but unfortunately the continued sampling of ensuing consignments at Southampton showed little or no improvement and the imports ceased.

The bacteriological examination of imported egg pasta showed a high degree of bacterial activity and a possible public health hazard. It is intended to step up the sampling of these products.

## Ship Inspection

The many vessels leaving the port on cruises are beginning to present problems. These vessels leave the port with their full complement of passengers and it seems first and second sittings for meals are normal. Galley and pantry staff are therefore working under pressures that perhaps preclude them from cleaning the pantries, galleys, equipment and other working surfaces as they should. The vessels tend to return to port on a Friday or Saturday, discharge their passengers, re-victual, embark fresh passengers and sail the next day.

This leaves very little time in port for repair or adequate cleansing. It also leaves very little time for the Port Health Inspector to carry out an inspection. Certainly many of these ships have escaped adequate inspection during the past twelve months. As inspection can only take place at weekends and as the staff at this time are limited and fully occupied, it presents a problem.

## Clean Air Act Dark Smoke (Permitted Periods) (Vessels) Regulations

There were forty-two cases of emission of black smoke in which vessels were boarded and the masters warned of offences under the Regulations. Still too many offences are attributable to negligent firing or in tankers to pumping rates.

Far too often the master finds it much cheaper to pay any fine under these Regulations than to reduce his pumping. Particularly does this occur with foreign owned and badly maintained vessels. It is frequently impossible to take action against the master as the vessel's stay in port may be only of a few hours duration and it is equally impossible to take action against the owners as they do not have a registered office in this country. It would appear under the circumstances that we are penalising the British Shipowner who is always available. It would seem that there is a need for a change in legislation to help us with this problem.

## Diseases of Animals Act and Regulations

During the past twelve months shippers and shipping companies have got used to the Port Health Authority operating these Regulations and matters seem to be running very smoothly. Only two points require comment:

- (i) Many of the Regulations need to be brought up to date in order to conform with modern needs of transportation.
- (ii) It takes an excessive amount of time to deal with an illegal entry. A cat or dog illegally entered takes five or six hours to dispose of and the tracing of an animal and owner that has escaped our clutches on the docks tends to occupy some of our time for days or even weeks.



### **Roll On/Roll Off Traffic**

This work still presents us with serious problems with something like 70 per cent of the ferries in Southampton arriving or sailing outside normal hours; and with the speed of examination required, the Port Health staff on evening duty must be augmented. The Inspectors are under severe pressure to maintain standards of food inspection and perform other work.

### **Containerisation**

Most containers carrying foodstuffs still have their contents examined by the Port Health Authority. At present the examination of containers presents us with few problems and the operation runs quite smoothly.

### **Colorado Beetle**

These beetles were found on several vessels which had been in Lisbon and they seemed to be on the move rather earlier than usual. It is difficult to know how these beetles boarded the vessels concerned. They either flew in with the prevailing off-shore wind or possibly were brought on board on vehicles that were loaded in Lisbon.

The Ministry of Agriculture, Fisheries and Food, Anti-Infestation Division were notified in each case and their inspector contacted the Port Health Authority and conducted further investigation. None of the infestations were serious but a close watch at the Ministry's request was kept on vessels arriving from Lisbon and no further infestations were found.

### **Shellfish and Pollution**

During 1971 shellfish harvesting within the Authority's area assumed considerable commercial importance. The oyster bed in Stanswood Bay attracted fisherman from a wide area, to the chagrin of local fishermen. The beds of clams in Southampton Water were also heavily fished, a large proportion of clams harvested being sent for export to France.

This large scale fishing gave rise to problems of enforcement of the Public Health (Shellfish) Regulations 1934/48. Due to the extent of fishing operations the fact that few fishermen were licensed by the Authority and the pollution of the Port Health waters, it was decided to make an appraisal of the problems of shellfish control. Two aspects of the problem were immediately obvious, firstly that the regulations were not being observed and secondly the need to investigate the effect of pollution on shellfish.

It became apparent in the early summer that the Regulations and Prohibition Orders made thereunder were not being observed by commercial fishing interests. Investigations showed that harvesting of shellfish for sale for human consumption was being carried out by persons not approved by the Local Authority. A direct result of the activities of the Port Health Inspectorate in the field of enforcement was the increase in the number of approved fishermen from four at the beginning of the year to nineteen at the end of December.

However, this improvement was not achieved lightly. Considerable overtime was spent by the Inspectors investigating suspected illegal shellfish harvesting. These investigations presented practical difficulties, the most obvious being how to keep track of fishing vessels in a large area of water, especially during the hours of darkness when harvesting was known to take place. A further difficulty often encountered and one which threw great strain on limited manpower resources was that of keeping watch on those vessels which kept their catch for several days before disposal. On a number of occasions harvesting was seen to take place and the disposal arrangements were thought to be illegal. However, when the catch was not landed the same day constant surveillance was required in order to conclude the investigations. Regrettably, staff availability did not permit the necessary watch to be kept.

Nevertheless, resulting from the intensive level of investigation by the Port Health Inspectorate and the fishermen's growing awareness of these activities the regulations are now being generally obeyed. Three prosecutions were instituted for offences under the Regulations.

On the premise that polluted waters will give rise to polluted shellfish it was felt necessary to carry out a survey of shellfish and seawater. The resultant survey of seawater, still in progress, was designed on a thorough basis and arranged to cover nearly the whole of the Port Health District, thus taking in part of the Solent, the whole of Southampton Water and the Itchen, Test and Hamble River arms of that water. A survey of this magnitude is no light task and will take many months to complete before sound conclusions can be drawn. However, from the results available at the end of this year it is evident that the levels of pollution vary throughout the area.

Initially fifteen static sampling sites were established. These sites were selected on the basis of several criteria, e.g. their ability to be sampled at all states of the tide, how representative they were of high and low pollution risk areas, avoidance of excessive local pollution which could lead to false interpretation of results and the need to obtain an overall picture of the Authority's area. The fifteen permanent sites have been supplemented by additional sites for particular purposes, e.g. oil pollution. The water samples are submitted for chemical analysis and bacteriological examination.

Shellfish have also been sampled, both for chemical and bacteriological examination. So far sampling has been confined to the two principal commercial shellfish, oysters and clams, and to the known commercial beds. But in due course it is hoped to cover all known shellfish layings.

Bacteriological examination of shellfish has shown faecal contamination to be common, particularly from shellfish sampled from Southampton Water. Besides the obvious pollutant sewage other pollutants may be affecting shellfish in our area. The clams as harvested from local waters have an oily taste which can only be removed by prolonged relaying in clean water. The possibility of contamination by mineral oil is one of the matters being investigated.

There is no doubt that control over shellfish harvesting must be exercised by the authority with vigilance; the risk of contamination is ever present in a Port like Southampton where vessels arrive from world wide ports and from areas where infectious disease is endemic, and then discharge their untreated sewage direct into the water of the Port.

It is interesting to note that moves now being made by local people and groups of fishermen to conserve and farm the shellfish by obtaining orders under the Sea Fisheries (Shellfish) Act, 1967, could well help to make the Authority's work of control easier. Failure to conserve and farm the layings in an orderly manner could well lead to an end of commercial shellfish harvesting in the Solent and Southampton Water, which of course would have a damaging effect on our local fishermen's economy.

# Section I—Staff

Table 'A'

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointment held
Dr. Angus McGregor	Port Medical Officer	1.2.65	M.A., M.D., D.P.H.	Medical Officer of Health. Medical Inspector of Aliens & Commonwealth Immigrants.
Dr. W. P. Cargill	Deputy Port Medical Officer	16.2.42	B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Deputy Medical Officer of Health. Medical Inspector of Aliens & Commonwealth Immigrants.
Dr. H. D. Rossiter	Asst. Port Medical Officer	28.4.52	M.B., B.Ch., D.P.H.	Asst. Medical Officer of Health. Medical Inspector of Aliens & Commonwealth Immigrants.
Dr. R. H. Hunt	Asst. Port Medical Officer	1.7.68	L.R.C.P. & S (ED)., L.D.S.R.C.S.	Medical Inspector of Aliens & Commonwealth Immigrants.
Dr. J. Russell	Asst. Port Medical Officer	18.2.69	M.R.C.S., L.R.C.P.	Medical Inspector of Aliens & Commonwealth Immigrants.
Mr. T. Borrows	Chief Port Health Inspector	1.4.67	Cert. R.S.H. Cert. Meat & Other Foods. Cert. Liverpool University School of Hygiene for Meat and Food inspection. Intermediate Diploma in Municipal Administration.	Diseases of Animal Inspector.
Mr. B. W. Goode	Senior Port Health Inspector	1.5.71	Diploma of Public Health Inspectors' Education Board. Cert. Meat & Other Foods, R.S.H. Diploma of Smoke Inspectors R.S.H.	Diseases of Animal Inspector
Mr. N. Howard	Port Health Inspector	1.8.69	Cert. Public Health Inspectors' Joint Board R.S.H. Cert. Meat & Other Foods R.S.H.	Diseases of Animal Inspector
Mr. T. G. Campbell	Port Health Inspector	2.3.64	Cert. R.S.H. Cert. Meat & Other Foods R.S.H.	Diseases of Animal Inspector



Table 'A'—continued

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
Mr. G. Thompson	Port Health Inspector	1.1.48	Cert. R.S.H.	Diseases of Animal Inspector Diseases of Animal Inspector Diseases of Animal Inspector Diseases of Animal Inspector
Mr. A. B. Smith	Port Health Inspector	26.8.63	Cert. Royal Sanitary Assoc. of Scotland	
Mr. R. Willingham	Port Health Inspector	1.6.71	Cert. R.S.I. & Joint Board. Cert. Meat & Other Foods R.S.H.	
Mr. P. Rotheram	Port Health Inspector	1.6.71	Diploma Public Health Inspector. M.R.I.N.	
Mr. A. E. Gardner	Clerk	19.12.26		
Mr. C. Leonard	Clerk	22.11.71		
Mr. D. A. G. Brown	Rodent Operator	23.11.64		

Address and telephone number of the Port Medical Officer:  
6 Bugle Street, Southampton SO1 0AJ. Tel. No. 26631 & 32106

Section II—Amount of shipping entering the district during the year

Table 'B'

Ships from	Number	Tonnage	Number inspected		No. of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign ports	4,017	19,593,890	1,014	1,991	78
Coastwise	20,143	9,258,863	2	551	1
TOTAL	24,160	28,852,753	1,016*	2,542	79

\*Of the 1,016 vessels, 1,014 were boarded by the Medical Officer alone and 2 were boarded by both Medical Officer and Port Health Inspector.



### Section III—Character of Shipping and Trade During the Year

Table 'C'

Passenger Traffic	Number of Passengers Inwards Number of Passengers Outwards		583,517 593,134
Cargo Traffic	Principal Imports (Foreign)	Canned foods; dairy produce; fruit (citrus); fruit (deciduous); dried fruit; vegetables; meat and meat products; provisions; wines; miscellaneous frozen foods; grain; flour; animal feeding stuffs; timber; building materials; chemical and chemical fertilizers; tobacco; crude and refined oils etc.; miscellaneous.	
	Principal Exports (Coastwise)	Coal; Transhipped goods and home produce. General manufactured goods; textiles; grain and flour; food and provisions; machinery; iron and steel; motor cars etc.	
Principal ports from which ships arrive	<p>Abidjan Amuay Bay Amsterdam Antwerp Auckland Baltic Ports Baltimore Bergen Bermuda</p>	<p>Bilbao Bremen Buenos Aires Casablanca Capetown Cherbourg Dakar Dieppe Durban</p>	<p>Gdynia Guernsey Haifa Halifax Hamburg Jersey Kingston La Guaira Las Palmas</p> <p>Le Havre Lisbon Madeira Melbourne Mena al Ahmadi Mersa el Brega Montreal New York Panama</p> <p>Portsmouth Pt. Elizabeth Pt. Antonia Ras Tanura Rotterdam Rouen Rio de Janeiro Singapore Suva</p> <p>St. Helena Sydney Tangier Teneriffe Trinidad Vigo Wellington</p>

### Section IV—Inland Barge Traffic

Not applicable to this Port.

Section V—Water Supply

1. Source of Supply for:

(a) The District

The drinking water is supplied by the Southampton Corporation and is derived from wells and boreholes in the chalk at Otterbourne and Twyford, and from intakes on the Rivers Itchen and Test at Otterbourne and Testwood respectively.

(b) Shipping

The Southampton Corporation supplies all water for shipping requirements to the whole of the Southampton Docks managed by the British Transport Docks Board, the wharves at Marchwood, Eling and Redbridge on the River Test; the wharves on the River Itchen; and oil jetties at Fawley and Hamble in Southampton Water.

2. Reports of tests for contamination for:

(a) The District

During the year 34 samples of drinking water were taken and submitted to the Public Health Laboratory, Southampton, for bacteriological examination; on analysis 4 were found to be unsatisfactory. Remedial measures were carried out.

Special sampling taps are installed at the following locations within the dock area for the purpose of checking the purity of the water supply:

- (1) H.M. Custom House
- Eastern Docks
- (2) Transformer House
- Western Docks (East end)
- (3) Pump House
- Western Docks (West end)

Samples of water are taken monthly from each of these taps by the department of Waterworks Engineer and Manager and submitted for examination.

(b) Shipping

128 samples of drinking water were taken, 126 of the samples were submitted for bacteriological examination and 2 were submitted for chemical examination; 6 samples were found to be below the standard of purity desirable for ships' supplies. Remedial measures were prescribed to the masters, owners or agents of the vessels concerned.

The following table shows particulars of ships' drinking water samples taken:

	No. of ships involved	No. of samples taken	No. satisfactory	No. unsatisfactory	Total
Distribution aboard ships	60	120	116	4	120
Storage aboard ships	3	8	6	2	8

3. Precautions Taken Against Contamination of Hydrants and Hosepipes

Hydrants used for supplying water for vessels are of the processed type built into the quayside structure, and extension to the hydrant is provided by a short stand pipe which enables the supply hosepipe to be connected above the quay level. In practice, as a precautionary measure, the stand pipe is "flushed" on each occasion before the hosepipe is connected.

When not in use, the stand pipe is disconnected, hydrant capped and the well is then covered by a protective close-fitting plate set flush with the quayside.

Hosepipes used for connecting the hydrants to vessels are of the plastic type lined with rubber.

All stand pipes and hosepipes, when not in use, are stored in special boxes at positions throughout the Docks.

The British Transport Docks Board provides two special depots within the docks area for the maintenance of all equipment used in supplying vessels with water.

The hydrants, hosepipes, etc., and the storage and maintenance depots are inspected from time to time during the year by inspectors of the Port Health Authority.

#### 4. Number and Sanitary Condition of Water Boats, and Power of Control by the Authority.

10 tugs, owned by the principal towing companies in the port, are equipped for supplying drinking water to vessels which do not berth at the docks or local oil jetties.

2 vessels are also operated for supplying water to yachts and other small craft moored within the Port Health District.

The suitability of these vessels for water-carrying purposes, and the sanitary condition and maintenance of the water tanks and equipment, have been found to be satisfactory.

All the vessels are maintained and controlled under commercial or private ownership.

### Section VI—Public Health (Ships) Regulations 1970

#### 1. List of Infected Areas Regulation (6)

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure for supplying it to those persons.

Under Regulation 6, a complete list of areas and seaports, in which a confirmed or suspected case of a quarantinable disease has occurred during the past 4 weeks is compiled by the Port Health Authority. The information is obtained from the Weekly Epidemiological Record issued by the World Health Organisation, and is prepared on the first day of each month.

The list is forwarded in letter form to H.M. Customs and Excise for distribution to all Preventive Officers of H.M. Customs Waterguard engaged on boarding duties, and to all Inward Pilots engaged within the Port and district of Southampton.

Any amendment found necessary to the list in the interim period of the dates of issue is forwarded, in the form of a supplement, to the persons concerned.

#### 2. Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district. (Regulation 13).

Southampton is not a radio transmitting port for the purposes of this Regulation.

(b) Arrangements for receiving messages by radio from ships and for acting thereon. (Regulation 14 (1) (a) and (2)).

Arrangements have been made for the reception (and decoding if necessary) of wireless messages sent direct to the Port Health Office and the telegraphic address of 'Portelth Southampton' has been registered by the Post Office for this purpose.

Wireless messages which are not sent direct are received through approved shipping agents who have satisfied this Authority that they possess facilities for



receiving such messages at all times of the day or night, and can undertake prompt transmission to the Port Health Office or to the duty officer, of any messages received by them relating to the state of health on board.

Upon receiving a wireless message indicating infectious disease on board, any special action required and deemed necessary by the Port Medical Officer for the mooring or berthing of the vessel or for the detention at a Mooring Station is given as a directive to the Agents for the guidance of the Master, and the vessel is boarded by the Port Medical Officer immediately upon arrival.

### 3. Notifications Otherwise than by Radio (Regulation 14 (1) (b)).

Arrangements for receiving notifications otherwise than by radio and for acting thereon.

The Waterguard of H.M. Customs and Excise maintain a continuous launch patrol of Southampton Water throughout the day and night, and any case of sickness coming to their notice, which has not previously been reported by the Master, is notified to the Port Health Authority.

The Calshot Signal Station and the Docks Signal Station also report any vessel observed to be displaying a signal indicating circumstances requiring the attention of the Port Medical Officer.

Upon receiving a message, the vessel is boarded by a Port Medical Officer as soon as possible at its place of anchorage, or immediately on arrival at the berth.

### 4. Mooring Stations (Regulation 22 to 30)

Situation of Stations, and any standing directions issued under these Regulations.

The following Mooring Stations have been established with the concurrence of the Customs and Harbour Authorities.

Inner Mooring Station—Netley Anchorage (Small ships only)

Outer Mooring Station—Cowes Roads or Motherbank area (At Pilots discretion)  
(The above Mooring Stations came into operation 17.9.71).

### 5. Arrangements for—

(a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII)

The Regional Hospital Board is responsible for the provision of such accommodation. Beds are available for cases of infectious diseases in the Southampton Western Hospital, and in the event of the hospital being full, arrangements are made for patients to be accommodated in isolation hospitals situated outside the area.

(b) Surveillance and follow up of contacts

The declaration of address and notification of change of address system is in operation for contacts disembarking at the port.

The Medical Officer of Health of the district to which passengers are proceeding is informed by letter, giving necessary particulars; contacts remaining in the city are kept under observation by the Medical Officer of Health.

A similar surveillance and notification procedure is applied to any members of crew whether leaving the ship, remaining on board at Southampton, or proceeding in the vessel to another port.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.

Disinfection by formalin spray, together with the thorough cleansing of living quarters and hospital accommodation is carried out on all ships after the removal of infectious cases and infected bedding from the quarters.

Disinfection is normally carried out by the staff of the Port Health Authority but in some instances the work is carried out by the shipping companies under the supervision of the Port Health Inspector.

Contacts and other persons requiring disinfection are taken to the Corporation Disinfecting Station, where fully equipped bathrooms are available. All infected bedding, clothing and other articles removed from ships are also dealt with at the Station by means of steam disinfectors.



**Section VII—Smallpox**

- 1. Name of Isolation Hospital to which Smallpox cases are sent from the District:  
Weyhill Hospital, near Andover.
- 2. Arrangements for transport of such cases to that Hospital by Ambulance, giving the name of the Authority responsible for the Ambulance and the Vaccinal State of the Ambulance Crews:  
The Southampton Corporation control and maintain a fleet of Ambulances at the Health Centre, East Park Terrace, and the transport of such cases to hospital is effected by an ambulance from the depot.  
All crews are offered vaccination annually.
- 3. Name of Smallpox Consultant available:  
Dr. Angus McGregor, Medical Officer of Health.
- 4. Facilities for Laboratory Diagnosis of Smallpox:  
All material from smallpox or suspected smallpox cases for which laboratory diagnosis is required, is sent to the Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

**Section VIII—Venereal Disease**

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.

The treatment centre in Bullar Street, Southampton, and a clinic situated in the Eastern Docks are devoted entirely to the treatment of venereal diseases, and provide all facilities for treatment for sailors under the International Convention.

The two clinics are open at the following times:

Town Clinic:	Monday to Friday	0900–1200 hours 1700–1900 hours
Dock Clinic:	Monday to Friday	0900–1000 hours 1600–1700 hours
	Saturday	0900–1000 hours

The Centres are under the supervision of a full-time medical officer and facilities are provided for daily treatment. The treatment centres have the full co-operation of ships' surgeons and shipping companies, who accept certificates of fitness to resume duty issued by the medical officer.

Cases of venereal disease on board vessels in the port coming to the notice of the port medical officers, are referred, in the first instance, to the centre in Bullar Street, and subsequently receive further treatment either at the centre or at the clinic situated in the docks.

In-patient treatment is provided at the General Hospital, Southampton.

Leaflets giving particulars of the facilities available are left by the port health inspectors on board vessels visited by them, and particulars are also given to seamen making application at the Port Health Office.

Notice giving particulars about these diseases are fixed in all the public conveniences in the docks.

Section IX—Cases of Notifiable and other Infectious Diseases on Ships

Table 'D'

Category	Disease	No. of cases during the year		No. of ships concerned
		Passen- gers	Crew	
Cases landed from ships from foreign ports	Chickenpox ... ..	17	—	11
	Diphtheria ... ..	1	—	1
	Dysentery ... ..	2	—	2
	Gastro enteritis ... ..	1	—	1
	German measles ... ..	3	—	2
	Infective hepatitis ... ..	1	2	3
	Influenza ... ..	2	—	2
	Malaria ... ..	1	—	1
	Measles ... ..	25	—	10
	Meningitis ... ..	1	—	1
	Mumps ... ..	7	—	6
	Pneumonia ... ..	5	1	6
	Pyrexia ... ..	7	—	5
	Scarlatina ... ..	1	—	1
	Tonsillitis ... ..	1	2	2
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Chickenpox ... ..	1	—	1
	Infective hepatitis ... ..	1	—	1
	Meningitis ... ..	—	1	1
	Pulmonary Tuberculosis ...	—	1	1
Cases landed from other ships	—	—	—	—

Section X—Observations on the Occurrence of Malaria in Ships

There was no report of any case infected during the voyage on any ship arriving in the port.

Section XI—Measures taken against Ships Infected with or Suspected for Plague

No ship arrived on which plague or suspected plague was reported during voyage.

Section XII—Measures against Rodents in Ships from Foreign Ports

- I. Procedure for inspection of Ships for Rats:
- A number of vessels for which Southampton is the terminal port for passenger disembarkation and discharge of cargo, are regularly inspected every six months for the renewal of the Form Port II Certificate. Routine inspections are also carried out by the port health inspectors during the interim period of the granting of such Certificates to these vessels.
- Where practicable, routine inspections for evidence of rat infestation are made by the port health inspectors and rodent operative on all other vessels arriving

at the port, and in special circumstances daily inspections of ships' holds are carried out during the period of the discharge of cargoes.

2. Arrangements for the Bacteriological or Pathological examination of rodents with special reference to Rodent Plague, including the number of rodents sent for examination during the year:

A proportion of any rats caught on vessels, and all rats found dead from causes not apparent, are submitted to the Public Health Laboratory in Southampton for examination.

3. Arrangements in the District for Deratting Ships, the methods used, and, if done by a commercial contractor, the name of the contractor:

Where methods of trapping or poisoning are considered adequate, shipping companies employ professional contractors for this work.

In other cases of rat infestations, the deratting of ships is carried out by fumigation contractors using cyanide gas or methyl bromide.

The following contractors are available for such purposes:

Rentokil Laboratories Ltd., 112 Victoria Dock Road, London, E.16.  
Contra-Pest Services Ltd., 2 Ranelagh Road, London, E.6.

4. Progress in the Rat-Proofing of Ships:

Schedules of work are served on shipping companies in all cases where it is found necessary to correct or protect rat harbourages or runs in vessels requiring Deratting Exemption Certificates.

**Table 'E'**

Rodent destroyed during the year in ships from Foreign Ports

Category	Number
Black rats	Nil
Brown rats	Nil
Species not known	Nil
Sent for examination	Nil
Infected with plague	Nil

Table 'F'

Deratting Certificates and Deratting Exemption Certificates issued during the year for Ships from Foreign Ports

After fumigation with		No. of Deratting Certificates issued			Number of Deratting Exemption Certificates issued	Total Certificates issued
		After Trapping	After Poisoning	Total		
H.C.N.	Other fumigants					
1	1 (Methyl Bromide)	—	—	2	219	221

Section XIII—Inspection of Ships for Nuisances

Table 'G'

Inspections and Notices

Nature and number of inspections	Notices served			Result of serving notices
	Statutory notices	Other notices		
Structural defects through wear and tear	148			
Defects of original construction	6			
Dirt, vermin and other conditions prejudicial to health	352	238		105
TOTAL: 238 ships	506	238		105



## **Section XIV—Public Health (Shell-Fish) Regulations 1934/48**

There are natural shellfish beds within the jurisdiction of this Authority, which are, in the opinion of the Port Medical Officer, liable to pollution.

Recent large finds of oysters and clams in commercial quantities have made it necessary to replace the existing Southampton Shellfish Orders of 1953 & 1965 by two new Orders made in July 1971, prohibiting the distribution for sale for human consumption of oysters, cockles, butterfish, whelks, mussels or clams taken from:

- (i) North east and north west respectively of a line drawn from Calshot Point to Calshot Buoy and thence in a straight line to Hill Head unless they have been either (a) relaid for such period and in such places as may, from time to time be approved by the Council, or, (b) subject to an approved process of sterilization.

This area covers the main clam beds.

- (ii) that part of the area of the Port Health Authority known as Stanswood Bay as is bounded by a straight line from Calshot Point to Calshot Buoy thence in a straight line to Stone Point, unless they have been either
  - (a) relaid for such period in such places as may from time to time be approved by the said Council.
  - (b) Subject to approved process of sterilization.
  - (c) Subject to a process of purification approved by the Secretary of State for Health & Social Security.

This area covers the main oyster beds.

Since these Orders became effective, authority has been given for 17 applicants to harvest oysters and clams for relaying and/or purification at approved places. In all cases the relaying beds or purification plants are in areas outside the jurisdiction of this Authority and approval has only been granted after consultation with the Authorities concerned.

Copies of the Orders are posted at various points during the year and the prohibitions are brought to the notice of the public by insertion of the Orders in the local press.

Observations have been taken from time to time by Officers of the Port Health Authority and it has been of some concern that it appeared that the Prohibition Orders were being flouted. The present Regulations are difficult to administer and the practical difficulties of patrolling such a large coastline are enormous; nevertheless the Authority felt it necessary that breaches of the Prohibition Order should be stopped and eventually, after intensive observations and patrolling, the Authority agreed to the prosecution of three persons. The cases should come to court in the New Year.

Nature and Amount of Aliens Traffic

	Total	Number subjected to detailed inspection	Certificates issued					C
			A	B (1)	(a)	(b)	(c)	
			Unsound mind or mentally defective	Undesir- able for medical reasons	Inability to support	Likely to require medical treatment	Inability to support and likely to require medical treatment	Condi- tionally landed for further medical treatment
1. Total number of aliens arriving in the port ... ..	103,767	1,141	-	-	2	12	-	1
2. Aliens refused permission to land by the Immigration Officer ... ..	9	9	2	4	3	-	-	-
TOTAL ...	103,776	1,150	2	4	5	12	-	1

(2 Certs—A & B(1) issued for Alien Seamen who were refused leave to land)

Southampton Airport ... .. 3,397 - - - - -

## Commonwealth Immigrant Act 1962

## Medical Examinations

Total number of arriving Commonwealth citizens subject to control under the Act	Total number of Commonwealth citizens medically examined	Nature of report or certificate			Number of Commonwealth citizens refused entry
		A Suffering from mental disorder	B(1) Un-desirable for medical reasons	B(2) Likely to require major medical treatment	
16,998	1,851	1	2	16	2

I Certificate (A) issued for Commonwealth Crew member—Refused leave to land.

## Southampton Airport

45

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62-63

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## Section XV—Medical Inspection of Aliens &amp; Commonwealth Immigrants

- I. List of Medical Inspectors of Aliens and Commonwealth Immigrants holding Certificates of Appointment:

Dr. Angus McGregor  
Dr. W. P. Cargill  
Dr. H. D. Rossiter  
Dr. R. H. Hunt  
Dr. J. Russell  
Dr. Jeanette Morrison  
Dr. Catherine Atkins

Dr. Bethan Davies  
Dr. A. C. Franks  
Dr. W. M. Skinner  
Dr. W. J. G. Hughes  
Dr. M. A. Gilbert  
Dr. G. O. Percival

2. List of other Staff engaged on this work:  
Nil.

- ### 3. Organisation of Work:

The medical inspection of aliens and commonwealth immigrants is carried out on all vessels at the time of arrival and before the passengers are disembarked.

4. (a) Nature and amount of aliens and Commonwealth Immigrants traffic:  
(See tables).

4. (b) Number of conditional entries of Commonwealth Immigrants:

Number of arrivals	Number medically examined	Number landed conditionally
16,998	1,851	Nil

5. Accommodation for medical inspection and examination.

On all vessels, the doctor's office or hospital and other suitable accommodation is used for detailed examination.

If female passengers have to be examined, the ship's doctor or purser of the vessel provides a nurse or stewardess to assist.

Infectious and Other Diseases

Table showing the number of cases reported on vessels arriving in the Port of Southampton.

Disease	Total cases reported	How dealt with					
		Removed to hospitals or nursing homes	Landed at other ports before arriving at Southampton	Proceeded in vessels to other ports	Landed at Southampton but did not proceed to hospital	Died at Sea	Recovered on arrival
Abscesses ... ..	1	1	-	-	-	-	-
Asthma ... ..	5	2	-	-	2	-	-
Accidents ... ..	40	31	-	3	4	1	-
Appendicitis ... ..	8	5	1	-	1	-	-
Bronchitis ... ..	9	4	-	-	4	-	-
Cancer ... ..	8	6	-	-	-	2	-
Cerebral Haemorrhage ...	7	1	-	-	-	6	-
Cerebro-spinal meningitis (Meningococcal)	2	1	1	-	-	-	-
Chickenpox ... ..	49	1	1	1	11	-	35
Coronary Thrombosis ...	25	11	-	-	2	12	-
Diarrhoea ... ..	14	2	-	1	10	-	1
Diphtheria ... ..	1	1	-	-	-	-	-
Dengue Fever ... ..	2	-	-	-	-	-	2
Dysentery ... ..	2	2	-	-	-	-	-
Gastro enteritis ... ..	22	1	-	-	-	-	21
German measles ... ..	13	-	-	-	3	-	10
Heart Diseases ... ..	63	12	2	6	8	34	1
Influenza ... ..	2	-	-	-	2	-	-
Infective hepatitis ... ..	7	1	1	1	2	-	2
Malaria ... ..	3	1	-	-	-	-	2
Measles ... ..	49	3	-	3	22	-	21
Mumps ... ..	15	-	-	-	7	-	8
Mental Disorders ... ..	17	11	-	4	1	-	1
Pharyngitis ... ..	1	-	-	-	1	-	-
Pneumonia ... ..	11	3	-	1	3	2	2
Pyrexia ... ..	7	5	-	-	2	-	-
Scarlet fever ... ..	1	-	-	-	1	-	-
Tonsillitis ... ..	3	1	-	-	2	-	-
Typhoid or Paratyphoid Fevers ... ..	-	-	-	-	-	-	-
Ulcers ... ..	6	2	2	-	-	-	2
Venereal diseases ... ..	1	-	-	1	-	-	-
Other diseases ... ..	126	54	7	17	33	5	10
TOTAL ... ..	520	162	15	38	121	62	122



### **Southampton Airport**

This airport was formally designated a Customs Airport in March, 1962. The Borough Council had, in 1961, agreed to act as responsible authority under the Public Health (Aircraft) Regulations. During the year, the services operating did not require the attendance of a medical officer or port health inspector.

### **Dangerous Drugs**

3 Certificates were issued under the Dangerous Drugs Regulations, 1923.

### **Medical Arrangements for Long-Stay Immigrants**

The arrangements made at the request of the Minister of Health in a circular letter dated 4th January, 1965, continued during the year.

2,090 immigrants and dependants were notified by this Authority to Medical Officers of Health for districts throughout the United Kingdom.

### **The Public Health (Ships) Regulations, 1970**

international Certificates of Vaccination against Smallpox and Cholera:

The enforcement of these regulations has been applied to ships arriving from infected areas and endemic areas.

The names and addresses of all persons who arrive on such vessels and who cannot produce a valid certificate are notified to the medical officer of health of the district to which they state they are proceeding.

During 1971, 3,711 notifications were sent for Cholera, and 394 notifications were sent for Smallpox.

### **Tracing of Contacts of Tuberculosis Among Merchant Seamen**

No notifications were sent to the Local Federation Medical Officer during 1971.

### **Prevention of Damage by Pests Act, 1949**

Part I of the Act requires the Port Health Authority to secure as far as is practicable that their district is kept free from rats and mice, and requires the owner or occupier of any land to take steps for the destruction of the rats and mice.

The work of rodent control on the docks is undertaken by a firm of private contractors, who work in close liaison with the Port Health Authority. The port health rodent officer makes regular and routine inspections of the dockside premises with the help and advice of the port health inspectors when necessary.

214 inspections were made of dockside premises. Any evidence of rodents was reported to the contracting company who immediately gave the necessary attention.

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, requires a local Authority to secure as far as practicable that any vessel in the district which is not a sea-going ship is kept free from rats and mice.

62 Rodent Control Certificates were issued to such ships. The certificates are valid for four months from the date of issue.

### **Clean Air Act, 1956**

Section I of the Clean Air Act, 1956, as applied by Section 20 of that Act, makes it an offence to emit dark smoke from the chimney (funnel) of a vessel for periods longer than those specified under The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958, which became operative 1st June, 1958.

In enforcing the Regulations, the Port Health Authority's printed instructions on "Smoke Control" are given to the Masters of arriving vessels and every endeavour is made by the Port Health Inspectors to observe vessels whilst in Port.

It was found necessary to warn the Masters of 33 British vessels and 9 vessels of other nationalities in regard to the emission of dark or black smoke. 34 offences were attributed to faulty or negligent firing of furnaces whilst the vessels were in port and 8 were caused by mechanical defects.

Two of the smoke emissions were of a serious nature and legal action was proposed. One of the shipping companies concerned was fined £50 and costs, the other case is pending.

**Clean Air Act 1968**

Application was made under Section 6 for the erection of an incinerator and chimney at No. 3 Dry Dock.

Approval was granted by the Town Planning & Estates (Plans) sub-committee subject to the following conditions:

- (i) That light oil of not more than 45 seconds Redwood be used
- (ii) That it be sited at its present position at No. 3 Dry Dock.

**The Food Hygiene (General) Regulations 1970**

In accordance with the above Regulations regular visits were paid by the Port Health Inspectors to the home-going vessels in the district.

On two vessels minor irregularities were found and abated immediately.

**Hygiene of Crew Spaces**

Routine inspection of crews spaces have been carried out. Nuisances, together with structural defects caused by wear and tear, defects of original construction and other matters considered prejudicial to health have been dealt with as under:

Verbal notices to abate nuisances     ...     ...     238

**Sanitary Inspection of Vessels and Classification of Defects**

Nationality of vessel	No. of sanitary inspections	No. of vessels on which defects were found	Classification of Defects		
			Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British	885	131	6	104	180
Foreign	853	107	—	44	172
TOTAL	1,738	238	6	148	352

The following table gives details of defects, nuisances and other conditions prejudicial to health found in vessels, and the number which were remedied:

Nature of complaint							Defects Found	Defects Remedied
Accumulations, dirt, refuse, etc.	...	...	...	...	...	...	11	7
Alleyways—								
dirty, scuppers choked etc.	...	...	...	...	...	...	13	8
deck or tiles defective	...	...	...	...	...	...	2	—
leaky overhead pipes	...	...	...	...	...	...	2	2
scuppers loose	...	...	...	...	...	...	1	1
deckhead leaky	...	...	...	...	...	...	2	1
Crews quarters—								
broken deck or tiles	...	...	...	...	...	...	4	—
dirty condition	...	...	...	...	...	...	23	13
flooded	...	...	...	...	...	...	1	—
storerooms dirty	...	...	...	...	...	...	1	—
overhead pipes leaking	...	...	...	...	...	...	2	—
lockers defective	...	...	...	...	...	...	2	—
port light leaking	...	...	...	...	...	...	1	1
entrance door broken	...	...	...	...	...	...	2	2
Galleys, Pantries, etc—								
uncovered food	...	...	...	...	...	...	4	2
dirty condition	...	...	...	...	...	...	43	26
dirty or defective equipment	...	...	...	...	...	...	41	13
cold box—broken door	...	...	...	...	...	...	1	1
potato peeling machine—connected to salt water supply	...	...	...	...	...	...	1	1
steampipe leaking	...	...	...	...	...	...	2	—
refuse bins uncovered	...	...	...	...	...	...	1	1
no grab rails fitted	...	...	...	...	...	...	2	—
non-slip tiles defective or missing	...	...	...	...	...	...	3	1
defective decks, deck tiles and bulkheads	...	...	...	...	...	...	28	10
absence of nail brushes and first aid kits	...	...	...	...	...	...	2	2
scuppers choked or defective	...	...	...	...	...	...	12	8
taps leaking or defective	...	...	...	...	...	...	4	3
drinking fountain defective	...	...	...	...	...	...	2	2
defective insulation	...	...	...	...	...	...	8	3
no hand towels provided	...	...	...	...	...	...	1	1
Holds—								
accumulation of rubbish, etc.	...	...	...	...	...	...	2	2
smell nuisance	...	...	...	...	...	...	1	1
Infestations—								
holds—mice	...	...	...	...	...	...	2	2
rats	...	...	...	...	...	...	2	2
cockroaches	...	...	...	...	...	...	1	1
Provision stores—								
weevils	...	...	...	...	...	...	8	1
galleys and pantries—cockroaches	...	...	...	...	...	...	70	30
mice	...	...	...	...	...	...	1	1
crews quarters—fleas	...	...	...	...	...	...	1	1
weevils	...	...	...	...	...	...	1	—
cockroaches	...	...	...	...	...	...	36	17
passenger accommodation—cockroaches	...	...	...	...	...	...	1	1
linen stores—cockroaches	...	...	...	...	...	...	1	1
Provisions stores—								
dirty condition	...	...	...	...	...	...	34	14
defective deck	...	...	...	...	...	...	1	1
defective insulation or linings	...	...	...	...	...	...	4	1
defective equipment	...	...	...	...	...	...	4	3

defective door ... ..	1	1
defective and leaky pipe ... ..	1	—
meat incorrectly stored ... ..	3	2
Passenger accommodation—		
cabins dirty ... ..	2	2
portlight leaking ... ..	1	—
steampipe leaking ... ..	1	1
Refrigerators—		
defective ... ..	14	3
dirty condition ... ..	5	—
Ships stores—uncovered during loading ... ..	1	1
Tanks, fresh water—defective or dirty condition ... ..	3	3
Vegetable locker—dirty and defective ... ..	2	—
Washplaces—		
scuppers, sinks choked, etc. ... ..	6	4
dirty condition ... ..	3	—
defective joints, taps ... ..	6	—
shower and water heater defective ... ..	2	2
basins defective ... ..	10	1
W.Cs.—		
Inadequate ... ..	2	—
defective traps and joints ... ..	6	1
defective doors ... ..	2	1
defective flush ... ..	12	4
dirty and choked conditions ... ..	26	14
defective deck ... ..	1	1
incorrect seals fitted ... ..	1	1
smell nuisance ... ..	2	—
no “wash your hands” notices ... ..	1	1
TOTAL ... ..	506	231
	(on 238 vessels)	(on 105 vessels)

### Passenger and Crew Traffic dealt with by the Authority

The number of passengers arriving at the port from foreign ports was 590,234 and from coastwise 61; the number of crew arriving from foreign ports was 298,378 and from coastwise 12,201.

525,158 passengers landed from 1,790 vessels in Southampton Docks; in addition 1,389 passengers landed from 15 vessels in Cowes Roads.

### Oil Tankers

7,018 vessels arrived in the Authority's area to discharge or load fuel oil or spirit at the oil jetties at Fawley and Hamble.

### Number of vessels visited, including re-visits, with percentage of defects

Vessels from foreign	Vessels from coastwise	Total	Number found defective	Percentage defective
4,002	655	4,657	238	6·6



## Diseases of Animals Act

During the year the following livestock was imported or exported through the Port of Southampton and were dealt with by the port health inspectors.

Sheep	...	...	...	...	246
Calves	...	...	...	...	9,140
Cats ...	...	...	...	...	30
Dogs ...	...	...	...	...	160
Horses	...	...	...	...	323
Sealions	...	...	...	...	6
Cattle	...	...	...	...	152
Ponies	...	...	...	...	29
Donkeys	...	...	...	...	2
Pigs ...	...	...	...	...	4,954
Camels	...	...	...	...	4
Antelope	...	...	...	...	5
Deer ...	...	...	...	...	5
Goats	...	...	...	...	1
Bears	...	...	...	...	2
Hippopotamus	...	...	...	...	1
Pigeons	...	...	...	...	49,000

1 monkey illegally entered was humanely destroyed by a veterinary surgeon.

4 dogs were refused entry under the Importation of Dogs and Cats Order and exported on the ships that brought them in.

The following animals were landed in transit to other countries—7 dogs, 2 heifers, 1 cow, 1 calf and 1 chimpanzee.

Quantities of prohibited hay and straw were brought into the country, mostly as litter. This was either burned or shipped out for dumping at sea.

The following vessels arrived in the port with animals in transit or carried as ships pets:

Total vessels involved—90. Animals carried—Dogs 260, Cats 89, Monkeys 4, Squirrel 1, Guinea Pigs 2, Chimpanzees 4, Turtle Doves 23, Hamster 1, Pigeons 2, Horse 1, and Rabbit 1.

All these vessels were boarded by the port health inspectors and the adequate securing of the animals was investigated and any necessary instructions given to the master.

## FOOD INSPECTION IN THE PORT

### The Food & Drugs Act, 1955 and Regulations made thereunder The Imported Food Regulations, 1968

During the year the following Regulations affecting imported foods were introduced:

The Preservatives in Food (Amendment) Regulations, 1971

The following were the principal food imports:

						Tons
Cereals (including flour)	...	...	...	...	...	173,129
Fruit and Vegetables (including canned)	...	...	...	...	...	389,307
Dairy Products ...	...	...	...	...	...	23,816
Molasses and Sugar	...	...	...	...	...	2,207
Fish (including canned)	...	...	...	...	...	6,219
Other foodstuffs	...	...	...	...	...	133,189
						<hr/>
					TOTAL ...	727,867
						<hr/>

Results of Food Inspection

The total amount of foodstuffs found to be unfit for human consumption during 1971 was:

	tons	cwts.	qtrs.	lbs.	ozs.	
	254	3	3	12	8	(unfit foodstuffs)
				22	0	(voluntarily surrendered)
	3	8	3	5	0	(ships stores)
Total	257	12	3	11	8	

All commodities were surrendered to the Port Health Authority for destruction by burning or controlled tipping or were disposed of for purposes other than human consumption.

Sampling of Imported Foodstuffs

378 samples were submitted to the Public Analyst. The following were found to be unsatisfactory:

1 sample olives in brine	Contained excessive amount of lead. Consignment exported.
1 sample canned tomato juice	High tin content although below recommended limits
1 meat wrapper (cloth)	Slight faecal contamination
1 sample fresh apples	Slight contamination by sea water and detergent.
1 sample oranges	Contained a prohibited preservative
1 sample oranges	" " " "
1 sample oranges	" " " "
7 samples oranges	" " " "
stockinette shirt from	Slight metallic contamination
1 sample oranges	Contaminated with mineral oil
1 sample chopped ham with pork	Incorrectly labelled
1 sample canned grapefruit juice	Rather high tin content. 190 p.p.m.

394 samples were submitted to the Public Health Laboratory.

1 sample macaroni	Yielded scanty growth of haemolytic Cl. welchii and a scanty growth of Salmonella sp.
1 sample lettuce (W. African)	Scanty growth heat resistant Cl. welchii.
1 sample tomatoes (W. African)	Scanty growth E. coli Type I.
1 sample cucumber (W.African)	Scanty growth Strep. faecalis and E. coli. Type I
1 sample salted concentrated bone stock	Scanty growth Haemolytic cl. welchii
1 sample apples	Scanty growth Haemolytic cl. welchii
1 sample lamb	Scanty growth Haemolytic cl. welchii
1 sample tomato concentrate	Scanty growth Aerobic sporing organism.
1 sample beef stock cubes	Scanty growth Aerobic sporing organism.
1 sample chicken stock cubes	Scanty growth Aerobic sporing organism.
1 sample crabmeat	Scanty growth Staph. aureus and Haemolytic Cl. welchii.
1 sample mayonnaise	Scanty growth E. coli Type I.
1 sample plaice	Scanty growth Staph. aureus
1 sample pork sausage	Scanty growth Haemolytic Cl. welchii.
1 sample chipolata sausage	Scanty growth Haemolytic Cl. welchii.
1 sample pork sausage	Scanty growth Haemolytic Cl. welchii.

1 sample lettuce	Scanty growth Haemolytic Cl. welchii.
1 sample cooked crabmeat	Scanty growth of Haemolytic Cl. welchii.
1 sample cooked crabmeat	Scanty growth E. coli Type I.
1 sample cooked crabmeat	Scanty growth of Haemolytic Cl. welchii.
3 samples frozen excallops	Moderate growth Haemolytic Cl. welchii.
1 sample cooked crab meat	Scanty growth Haemolytic Cl. welchii.
3 samples frozen escallops (Channel Is.)	Moderate growth of Haemolytic Cl. welchii.
1 sample frozen cooked crab meat (Channel Is.)	Scanty growth of Haemolytic Cl. welchii.
1 sample king crab (Guernsey)	Scanty growth coliform bacilli, aerobic sporing bacilli and strep. faecalis.
1 sample king crab (Guernsey)	Scanty growth coliform bacilli, aerobic sporing bacilli, staph. aureus and strep. faecalis.
1 sample king crab (Guernsey)	Scanty growth of Proteus sp. and coliforms.
1 sample scallops (Guernsey)	Scanty growth of proteus sp., E. coli and heat sensitive Cl. welchii.
1 sample scallops (Guernsey)	Scanty growth of proteus sp., E. coli and heat sensitive Cl. welchii.
1 sample scallops (Guernsey)	Scanty growth of proteus sp. and heat sensitive Cl. welchii.
1 sample goat cheese	Scanty growth E. coli and Proteus sp.
1 sample frozen cooked crab meat	Cultures yielded a heavy growth of coliforms, a scanty growth of haemolytic Cl. welchii and a scanty growth of Proteus sp.
1 sample frozen cooked crab meat	Cultures yielded a scanty growth of haemolytic Cl. welchii and a moderate growth of Proteus sp.
1 sample frozen cooked crab meat	Cultures yielded a heavy growth of coliforms.
1 sample frozen cooked crab meat	Cultures yielded a moderate growth of coliforms.
1 sample frozen cooked crab meat	Cultures yielded a moderate growth of haemolytic Cl. welchii and a scanty growth of Proteus sp.
1 sample frozen cooked crab meat	Cultures yielded a scanty growth of haemolytic Cl. welchii and a moderate growth of coliforms.
1 sample frozen cooked crab meat	Cultures yielded a moderate growth of haemolytic Cl. welchii and a moderate growth of coliforms.
Frozen processed escallops	Cultures yielded a scanty growth of haemolytic Cl. welchii and a moderate growth of coliforms.
Frozen processed escallops	Cultures yielded a moderate growth of haemolytic Cl. welchii and a moderate growth of coliforms.
Frozen processed escallops	Cultures yielded a moderate growth of haemolytic Cl. welchii and a moderate growth of Proteus sp.
Escallops (Channel Is.)	Cultures yielded a scanty growth of Proteus sp. a moderate growth of E. coli (non-faecal) and a scanty growth of haemolytic Cl. welchii.
Breaded Scampi (Channel Is.)	Cultures yielded a moderate growth of coliforms, a scanty growth of E. coli (non-faecal) and a moderate growth of haemolytic Cl. welchii.
King crab (Channel Is.)	Cultures yielded a moderate growth of Proteus sp. a moderate growth of coliforms and a scanty growth of haemolytic Cl. welchii.
Crab (Channel Is.)	Cultures yielded a moderate growth of Proteus sp. a moderate growth of coliforms and a scanty growth haemolytic Cl. welchii.
Boneless beef—Ox thick flanks (S. Africa)	Scanty growth of Salmonella vejle



Guernsey scallops	Cultures yielded a scanty growth of <i>Proteus</i> sp. a scanty growth of <i>E. coli</i> (non-faecal) and a scanty growth of haemolytic <i>Cl. welchii</i> .
Guernsey scallops	Cultures yielded a moderate growth of <i>E. coli</i> (non-faecal) a scanty growth of <i>Strep. faecalis</i> , a scanty growth of <i>Staph. albus</i> and a scanty growth of haemolytic <i>Cl. welchii</i> .
Guernsey scallops	Cultures yielded a scanty growth of <i>Proteus</i> sp. and a scanty growth of haemolytic <i>Cl. welchii</i> .
Frozen cooked crabmeat (Guernsey)	Cultures yielded a scanty growth of <i>Proteus</i> sp., a scanty growth of aerobic sporing bacilli, a scanty growth of <i>E. coli</i> (non-faecal) and a scanty growth of haemolytic <i>Cl. welchii</i> .
Frozen cooked crab meat (Guernsey)	Cultures yielded a moderate growth of <i>Proteus</i> sp. a moderate growth of <i>Strep. faecalis</i> and a scanty growth of haemolytic <i>Cl. welchii</i> .
Guernsey scallops M.3	Cultures yielded a scanty growth of <i>Proteus</i> sp. a scanty growth of <i>E. coli</i> (non-faecal) and a scanty growth of haemolytic <i>Cl. welchii</i> .
Boneless beef—off fillets (S. Africa)	Scanty growth of Arizona group organisms (pathogenic)
Boneless Mutton (Australian)	Growth of <i>Salmonella typhimurium</i> .
Boneless beef—thick flank (S. Africa)	Scanty growth of <i>Salmonella Makumira</i> .
Parmesan cheese	Cultures yielded growth of <i>Klebsiella</i> sp. and haemolytic <i>strep. faecalis</i> .
Egg pasta	Cultures yielded growth of <i>Salmonella Blockley</i> .
Dehydrated mushrooms	Cultures yielded scanty growth of <i>Cl. welchii</i> and coliforms.
Frozen boneless thick flank	Cultures yielded growth of <i>Salmonella Chudleigh</i> .
Frozen boneless thick flank	Cultures yielded growth of <i>Salmonella bovis morbificans</i> .
Pasta	Cultures yielded scanty growth aerobic sporing bacilli, <i>E. coli</i> and <i>Cl. welchii</i> .
Curled Egg Noodles	Cultures yielded scanty growth aerobic sporing bacilli, <i>E. coli</i> and <i>Cl. welchii</i> .
Boneless beef fores	Cultures yielded growth <i>Salmonella bovis morbificans</i>
Boneless beef	Cultures yielded growth <i>Salmonella Dublin</i> .
Egg Pasta	Cultures yielded growth aerobic sporing bacilli, <i>Klebsiella</i> sp. and <i>E. coli</i> .
Egg Pasta	Cultures yielded growth <i>Klebsiella</i> sp. and <i>E. coli</i> .
Egg Pasta	Cultures yielded growth haemolytic <i>Strep (A)</i>
Frozen beef briskets	<i>Staph. aureus</i> and <i>Klebsiella</i> sp.
Canned minced beef	Cultures yielded growth <i>Salmonella Chester</i> .
Boneless beef	Cultures yielded growth <i>Strep. faecalis</i> and <i>Staph. albus</i> .
Pasta with egg	Cultures yielded growth <i>Salmonella Java</i> .
Frozen boneless thick flank	Cultures yielded growth <i>Staph. albus</i> and aerobic sporing bacilli.
Frozen boneless striploin	Cultures yielded growth <i>Salmonella Amersfoort</i> .
Egg pasta	Cultures yielded growth <i>Salmonella Amersfoort</i> .
Frozen prawns	Cultures yielded growth aerobic sporing bacilli, <i>staph. albus</i> , <i>E. coli</i> , <i>Cl. welchii</i> .
Canned chopped ham with pork	Cultures yielded growths of <i>Salmonella Isangi</i> , <i>Salmonella Brandenburg</i> , <i>Salmonella Senftenberg</i> .
Canneloni	Cultures yielded growths <i>Staph: albus</i> .
	Cultures yielded growths <i>Ps. pyocyanea</i> and <i>Cl. welchii (A)</i> , and <i>Klebsiella</i> sp.



Egg pasta	Cultures yielded growths <i>Cl. welchii</i> (A), <i>Proteus</i> sp. <i>E. coli</i> (Type I) .
Canneloni	Cultures yielded growths <i>Ps. pyocyanea</i> , <i>Cl. welchii</i> (A).
Pasta	Cultures yielded growths <i>Ps. pyocyanea</i> , and <i>Cl. welchii</i> (A).
Chicken stock cubes	Cultures yielded growths aerobic sporing bacilli and <i>staph. albus</i> .
Pizza Napoletana Go	Cultures yielded growth <i>E. coli</i> (non-faecal) and <i>strep. veridans</i>
Go tomato paste concentrate	Cultures yielded growths <i>E. coli</i> (non-faecal).
Canned crab meat	Cultures yielded growths <i>E. coli</i> , <i>staph. albus</i> and <i>strep. faecalis</i> .
Cheese spread	Cultures yielded growths <i>staph. aureus</i> and aerobic sporing bacilli.









